

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90033 035 \*\*\*\*61.25

<b>DOCUMENT # N45414</b> 1. Entity Name <b>LANTANA CASCADE MOBILE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 6330 S CONGRESS AVE LANTANA, FL 33462 US			Mailing Address 3260 S. LAKE CASCADE BLVD LANTANA, FL 33462 US		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>23-7412982</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HINERTH, NANCY</b> <b>3260 S. LAKE CASCADE BLVD</b> <b>LANTANA, FL 33462</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOYSRADT, RAY 3275 CAT CAY LANTANA, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ERIC CHAMPION 6390 DOLLY CAY LANTANA, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEQUIGNOT, DORIS 3461 W CAT CAY LANTANA, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY VP DENIS PILON 6339 N. MANGROVE CAY WAY LANTANA, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, THERESA 3294 S LAKE CASCADE LANTANA, FL 33462		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE THERESA MCCORMICK 6439 DOLLY CAY PLACE LANTANA, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROSSLIN, RUTH 6405 JEWEL FISH CAY LANTANA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE HOYSRADT, RAY 3275 CAT CAY LANTANA, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEACOM, ROY 3411 W MAYAGUANA LANE LANTANA, FL 33462				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROOKS, KIM 3480 W NEW PROVIDENCE LANTANA, FL 33462				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nancy Hinert</u> <b>NANCY HINERTH</b> 3/25/04 5616410164					