


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N45414 1. Entity Name LANTANA CASCADE MOBILE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 6330 S CONGRESS AVE LANTANA, FL 33462 US	Mailing Address 3260 S. LAKE CASCADE BLVD LANTANA, FL 33462 US
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02072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7412982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HINERTH, NANCY 3260 S. LAKE CASCADE BLVD LANTANA, FL 33462

**DO NOT WRITE
IN THIS SPACE**

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: Nancy Hinert, TREAS NANCY HINERTH 3/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000255082
03/07/05-80097-025 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMPION, ERIC 6390 DOLLY CAY LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEQUIGNOT, DORIS 3461 W CAT CAY LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PILON, DENIS 6339 N. MANGROVE CAY WAY LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CROSSLIN, RUTH 6405 JEWEL FISH CAY LANTANA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCORMICK, THERESA 6439 DOLLY CAY PLACE LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOYSRADT, RAY 3275 CAT CAY LANTANA, FL 33462

**DO NOT WRITE
IN THIS SPACE**

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 or supplemental 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: Nancy Hinert, Treas Nancy Hinert 561-641-0164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/3/05 Daytime Phone #