


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90038 018 \*\*\*\*61.25

<b>DOCUMENT # N45414</b> 1. Entity Name LANTANA CASCADE MOBILE HOMEOWNERS' ASSOCIATION, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7412982	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HINERTH, NANCY 3260 S. LAKE CASCADE BLVD LANTANA, FL 33462				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <i>Nancy Hinert</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				3/24/08 <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</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	TITLE	NAME
TR	MERCADANTE, JUNE	6355 CHUB CAY	LANTANA, FL 33462	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	HINERTH, GEORGE	3260 S LAKE CASCADE BLVD	LAKE WORTH, FL 33462	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TR	COLBY, JAMES	3376 CAI CAY RD.	LAKE WORTH, FL 33462	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1VP	CROSSLIN, RUTH	6405 JEWEL FISH CAY	LANTANA, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TR	MCKERNAN, MARY	3452 WEST PROVIDENCE	LANTANA, FL 33462	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	HOYSRADT, RAY	3275 CAT CAY	LANTANA, FL 33462	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Ruth M Crosslin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					