2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45414

FILED Apr 21, 2009 Secretary of State

Entity Name: LANTANA CASCADE MOBILE HOMEOWNERS'ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6330 S CONGRESS AVE LANTANA, FL 33462 **Current Mailing Address: New Mailing Address:** 3260 S. LAKE CASCADE BLVD LANTANA, FL 33462 FEI Number: 23-7412982 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HINERTH, NANCY LANTANA CASCADE MOBILE HOMEOWNERS ASSOC 3260 S. LAKE CASCADE BLVD 3260 S. LAKE CASCADE BLVD LANTANA, FL 33462 LANTANA, FL 33462 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. SIGNATURE: NANCY HINERTH 04/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MERCADANTE, JUNE Name: Name: 6355 CHUB CAY Address: Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: () Delete Title: () Change () Addition HINERTH, GEORGE Name: Name: Address: 3260 S LAKE CASCADA BLVD Address: City-St-Zip: LAKE WORTH, FL 33462 City-St-Zip: Title: () Delete Title: () Change () Addition CROSSLIN, RUTH Name: Name: 6405 JEWEL FISH CAY Address: Address: City-St-Zip: LANTANA. FL City-St-Zip: Title: TR () Delete Title: TR (X) Change () Addition Name: MCKERNAN, MARY Name: MARILYN, ZEISLER 3452 WEST PROVIDENCE Address: Address: 3301 W SAN SALVADOR ST City-St-Zip: LANTANA, FL 33462 City-St-Zip: LANTANA, FL 33462 Title: () Delete Title: () Change () Addition HOYSRADT, RAY Name: Name: 3275 CAT CAY Address: Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: () Delete Title: () Change (X) Addition HELEN, GRAZIANO Name: Name: Address: Address: 3302 W PROVIDENCE ROAD LANTANA, FL 33462 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY HINERTH TREA 04/21/2009