

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000000867 1. Entity Name POST ROAD CASCADES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business SCPM 645 Classic Court # 104 Melbourne, FL 32940			Mailing Address SCPM 645 Classic Court # 104 Melbourne, FL 32940		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		09262006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-3374797				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADVANCED PROPERTY MANAGEMENT 1978 ROCKLEDGE BLVD SUITE 106 ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent SCPM 645 Classic Court # 104 Melbourne, FL 32940 Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered agent, and I, the undersigned, am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 50%;"> Mark Jackson 9/26/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 10%; text-align: right;"> <small>DATE</small> </div> </div>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KRAUSE, DONALD 4163 CHELAN DR MELBOURNE, FL 32934	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100081153381 10/24/06--01041--013 **\$61.25	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CARR, JIM 4047 ESTANCIA WYA MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FARSON, BRIAN 4073 ESTANCIA WAY MELBOURNE, FL 32934	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SCHMIDT, JIM 4057 ESTANCIA WAY MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD WALWYN, ORAL 4337 MONTRAUX AVE MELBOURNE, FL 32934	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD KELLY, PAUL 4132 CHELAN DR. MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input 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 employees.					
SIGNATURE:			Date 10/18/06 Daytime Phone #		