

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000867

FILED
Feb 17, 2009
Secretary of State

Entity Name: POST ROAD CASCADES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SCPM
645 CLASSIC COURT #104
MELBOURNE, FL 32940

New Principal Place of Business:

645 CLASSIC COURT
#104
MELBOURNE, FL 32940 US

Current Mailing Address:

SCPM
645 CLASSIC COURT #104
MELBOURNE, FL 32940

New Mailing Address:

645 CLASSIC COURT
#104
MELBOURNE, FL 32940 US

FEI Number: 59-3374797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCPM
645 CLASSIC COURT
#104
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KRAUSE, DONALD
Address: 4163 CHELAN DR
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: CARR, JIM
Address: 4047 ESTANCIA WYA
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: FARSON, BRIAN
Address: 4073 ESTANCIA WAY
City-St-Zip: MELBOURNE, FL 32934

Title: PD () Delete
Name: SCHMIDT, JIM
Address: 4057 ESTANCIA WAY
City-St-Zip: MELBOURNE, FL 32935

Title: VPD () Delete
Name: WALWYN, ORAL
Address: 4337 MONTRAUX AVE
City-St-Zip: MELBOURNE, FL 32934

Title: TD () Delete
Name: KELLY, PAUL
Address: 4132 CHELAN DR.
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KRAUSE, DONALD
Address: 4163 CHELAN DR
City-St-Zip: MELBOURNE, FL 32934 US

Title: D (X) Change () Addition
Name: CARR, JIM
Address: 4047 ESTANCIA WYA
City-St-Zip: MELBOURNE, FL 32935 US

Title: S (X) Change () Addition
Name: WILLIAMS, AMY
Address: 4153 CHELAN DR.
City-St-Zip: MELBOURNE, FL 32934 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WALWYN, ORAL
Address: 4337 MONTRAUX AVE
City-St-Zip: MELBOURNE, FL 32934

Title: T (X) Change () Addition
Name: KELLY, PAUL
Address: 4132 CHELAN DR.
City-St-Zip: MELBOURNE, FL 32935

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: JIM SCHMIDT

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date