

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000867

FILED
Apr 11, 2010
Secretary of State

Entity Name: POST ROAD CASCADES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

645 CLASSIC COURT
#104
MELBOURNE, FL 32940 US

New Principal Place of Business:

Current Mailing Address:

645 CLASSIC COURT
#104
MELBOURNE, FL 32940 US

New Mailing Address:

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:

SPACE COAST PROPERTY MANAGEMENT OF BREVARD
645 CLASSIC COURT
#104
MELBOURNE, FL 32940 US

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: KEVIN MARRS

04/11/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: SEC
Name: WILLIAMS, AMY
Address: 4153 CHELAN DR.
City-St-Zip: MELBOURNE, FL 32934 US

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

Title: VP
Name: WALWYN, ORAL
Address: 4337 MONTRAUX AVE
City-St-Zip: MELBOURNE, FL 32934 US

Title: TREA
Name: KELLY, PAUL
Address: 4132 CHELAN DR.
City-St-Zip: MELBOURNE, FL 32935 US

I hereby 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 all other like empowered.

SIGNATURE: JIM SCHMIDT

PRES

04/11/2010

Electronic Signature of Signing Officer or Director

Date