

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 AUG 25 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005336 (0)

1. Corporation Name

LANTANA CASCADE RESIDENTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6330 SOUTH CONGRESS AVENUE
LANTANA FL 33462

6330 SOUTH CONGRESS AVENUE
LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1996

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3427015

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAMONTE, JONATHAN J
7800 - 113TH STREET NORTH
SUITE 206
SEMINOLE FL 33772

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
12110 Seminole Blvd

83

84 City

Largo

200002271152-008
10/26/97-01026-008
*****70.00 FL 33778

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Jonathan J. Damonte
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

19 AUG 97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE P/D
1.2 NAME Ruth Ramaciotti
1.3 STREET ADDRESS 6465 Dolly Cay
1.4 CITY-ST-ZIP Lantana, FL. 33462

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE V/D
2.2 NAME Andrew Bryan
2.3 STREET ADDRESS 6428 Jewelfish Cay
2.4 CITY-ST-ZIP Lantana, FL. 33462

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S/D
3.2 NAME Margaret J. Oathout
3.3 STREET ADDRESS 6370 Chubb Cay
3.4 CITY-ST-ZIP Lantana, FL. 33462

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE T/D
4.2 NAME Rolan Bernard
4.3 STREET ADDRESS 3260 S. Lake Cascade
4.4 CITY-ST-ZIP Lantana FL. 33462

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D
5.2 NAME Jane Dailey
5.3 STREET ADDRESS 6465 S. Adderlay Cay
5.4 CITY-ST-ZIP Lantana, FL. 33462

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D
6.2 NAME John Elwood
6.3 STREET ADDRESS 6412 Chubb Cay
6.4 CITY-ST-ZIP Lantana, FL. 33462

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

Ruth Ramaciotti 8/15/97 561-964 3890

CR2E037 (4/97)