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Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005336 (0)**  
1. Corporation Name

**LANTANA CASCADE RESIDENTS ASSOCIATION, INC.**



Principal Place of Business <b>6330 SOUTH CONGRESS AVENUE LANTANA FL 33462</b>	Mailing Address <b>6330 SOUTH CONGRESS AVENUE LANTANA FL 33462</b>
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3. Date Incorporated or Qualified

**10/17/1996**

4. FEI Number

**59-3427015**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

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  
12110 SEMINOLE BLVD  
LARGO FL 33778**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAMACIOTTI, RUTH</b>	
STREET ADDRESS	<b>6465 DOLLY CAY</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	

1.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRYAN, ANDREW</b>	
STREET ADDRESS	<b>6428 JEWELFISH CAY</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	

2.1 TITLE	<b>PRESIDENT DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>OATHOUT, MARGARET J</b>	
STREET ADDRESS	<b>6370 CHUBB CAY</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	

3.1 TITLE	<b>DIRECTOR SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERNARD, ROLAND</b>	
STREET ADDRESS	<b>3260 S LAKE CASCADE</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAILEY, JANE</b>	
STREET ADDRESS	<b>3465 S ADDERLAY CAY</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	

5.1 TITLE	<b>TREASURER DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ELWOOD, JOHN</b>	
STREET ADDRESS	<b>6412 CHUBB CAY</b>	
CITY-ST-ZIP	<b>LANTANA FL 33462</b>	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

*Ruth Ramaciotti*

*4-10-98*

*561-964-3890*

CR2E037 (10/97)

**Lantana Cascade Residents Association, Inc.**

6330 South Congress Avenue

Lantana, Florida 33462

813/286-2400 Fax: 813/288-0189

Date: April 13, 1998  
To: Division of Corporations  
From: Hamilton Hanson  
Subject: Additional directors  
Lantana Cascade Residents Association, Inc.

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At the 1998 annual meeting, the following directors were added to those listed on the attached preprinted form:

- 1) Director  
Hoysradt, Raymond  
3275 Cat Cay  
Lantana, Florida 33462
- 2) Director  
Fennessey, Anthony  
6355 South Adderley  
Lantana, Florida 33462
- 3) Director  
Mercadante, Thomas  
6355 Chub Cay  
Lantana, Florida 33462
- 4) Director  
Vachon, Yves  
6468 Finley Cay  
Lantana, Florida 33462