2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N97000000156

Entity Name: WATERFORD AT THE CASCADES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6601 CASCADES ISLE BLVD.
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

6601 CASCADES ISLE BLVD.
BOYNTON BEACH, FL 33437

New Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FT. LAUDERDALE, FL 33355

FEI Number: 65-0780821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST JOHN, CORE & LEMME, PA
1601 FORUM PLACE
WEST PALM BEACH, FL 33401 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:	GLASS, KEN	
Address:	6855 LISMORE AVE.	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	VPD	( ) Delete
Name:	FRISHER, DAVE	
Address:	6571 SHERBROOK DR	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	D	( ) Delete
Name:	ASHKENAS, DOROTHY	
Address:	11562 CLARIA DR	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	PD	( ) Delete
Name:	BLATT, MERVIN	
Address:	7013 CASTLEMAINE AVE	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	TD	( ) Delete
Name:	DUKOFF, BURTON	
Address:	6640 MAYBROOK RD	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	SD	( ) Delete
Name:	COLEMAN, MARLENE	
Address:	1999 LISMORE AVE.	
City-St-Zip:	BOYNTON BEACH, FL 33437	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT A. DONNELLY MGR 02/24/2009

Electronic Signature of Signing Officer or Director — Date