

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Cascades Residents'

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90281 007 ****61.25

DOCUMENT # N97000000160

1. Entity Name
THE CASCADES RESIDENTS' ASSOCIATION, INC.



Principal Place of Business
6601 CASCADE ISLES BLVD.
BOYNTON BEACH, FL 33436 US

Mailing Address
6601 CASCADE ISLES BLVD.
BOYNTON BEACH, FL 33436 US

14017144



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0780824

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ST. JOHN, CORE & LEMURE, P.A.
1601 FORUM PLACE
WEST PALM BEACH, FL 33401

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KAYE, JEROME
STREET ADDRESS 6848 W. LISERON
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☐ Change ☒ Addition
NAME COHEN, MORTON D.
STREET ADDRESS 7240 WHITFIELD AVENUE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE SD ☐ Delete
NAME POLINSKY, JANET
STREET ADDRESS 7141 HADILAND CT
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☐ Change ☒ Addition
NAME DUKOFF, BURT
STREET ADDRESS 6640 MAYBROOK ROAD
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE VD ☐ Delete
NAME SWARTZ, GAIL
STREET ADDRESS 6601 CASCADES ISLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE D ☐ Change ☒ Addition
NAME FRISHER, DAVE
STREET ADDRESS 6571 SHERBROOK DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE TD ☐ Delete
NAME SCHAEFER, JEFFREY
STREET ADDRESS 6856 WEST LISERON
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ABRAMS, MURRAY
STREET ADDRESS 7362 MAULAND CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BLATT, MERV
STREET ADDRESS 7013 CASTLEMAINE AVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerome Kaye
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/05
Date

561-424-0466
Daytime Phone #