


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

05-16-2006 90019 031 \*\*\*\*61.25

<b>DOCUMENT # N97000000160</b>					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0780824	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 ST JOHN, CORE & LEMME, PA		
			Street Address (P.O. Box Number is Not Acceptable) (CORRECT FIRM NAME ONLY)		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAYE, JEROME		NAME		
STREET ADDRESS	6848 W. LISERON		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLINSKY, JANET		NAME		
STREET ADDRESS	7141 HADLAND ST Haviland Circle		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWARTZ, GAIL		NAME		
STREET ADDRESS	6601 CASCADE ISLES 6704 E. Liseron		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAEFER, JEFFREY		NAME		
STREET ADDRESS	6856 WEST LISERON		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABRAMS, MURRAY		NAME		
STREET ADDRESS	7362 MAULAND CIRCLE Haviland Circle		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLATT, MERV		NAME		
STREET ADDRESS	7013 CASTLEMAINE AVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Jerome Kaye</i>		5/10/06		561-742-9755	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

40092420

# 97000000160

Cascades Residents' Association, Inc., The  
DOCUMENT NO 724798

ADDITIONAL DIRECTORS/OFFICERS

#7 DIRECTOR  
COHEN, MORTON D.  
7240 WHITFIELD AVE  
BOYNTON BEACH, FL 33437

#8 DIRECTOR  
DUKOFF, BURT  
6640 MAYBROOK ROAD  
BOYNTON BEACH, FL 33437

#9 DIRECTOR  
FRISHER, DAVE  
6571 SHERBROOK DRIVE  
BOYNTON BEACH, FL 33437

ATTACHMENT

40092420  
# 197000000160

Lalique at the Cascades Homeowners' Association, Inc.  
DOCUMENT NO. ~~N~~98000004025,

ADDITIONAL DIRECTOR

#7 STERN, SHIRLEY SUNNY  
6840 WEST LISERON  
BOYNTON BEACH, FL 33437