2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000160

FILED Apr 14, 2010 Secretary of State

Entity Name: THE CASCADES RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6601 CASCADE ISLES BLVD. BOYNTON BEACH, FL 33437 US

Current Mailing Address: New Mailing Address:

C/O CASTLE GROUP P.O. BOX 559009

FT. LAUDERDALE, FL 33355 US

FEI Number: 65-0780824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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: VD

Name: FRISHER, DAVE
Address: 6571 SHERBROOK DR.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD

 Name:
 DUKOFF, BURT

 Address:
 6640 MAYBROOK ROAD

 City-St-Zip:
 BOYNTON BEACH, FL 33437

Title: PD

Name: SWARTZ, GAIL Address: 6704 E LISERON

City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD

 Name:
 SCHAEFER, JEFFREY

 Address:
 6856 WEST LISERON

 City-St-Zip:
 BOYNTON BEACH, FL 33437

Title:

Name: BLATT, MERV

Address: 7019 CASTLEMAINE AVE City-St-Zip: BOYNTON BEACH, FL 33437

Title: [

Name: COHEN, MORTON D
Address: 7240 WHITFIELD AVENUE
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A. DONNELLY MGR 04/14/2010