2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

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Entity Name: THE CASCADES RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

6601 CASCADE ISLES BLVD.
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

ST. JOHN, CORE & LEMURE, P.A.
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: 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, JEFF
Address: 6856 WEST LISERON
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D
Name: BLATT, MERV
Address: 7019 CASTLEMAINE AVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D
Name: SCHOEN, TERI 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 04/20/2011

Electronic Signature of Signing Officer or Director Date