

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-17-2008 90161 001 \*5,818.75  
N98000004024

FILED

08 APR 29 PM 2:25

CLERK OF STATE  
TALLAHASSEE, FLORIDA

66007101



<b>DOCUMENT # N98000004024</b>		
1. Entity Name <b>LIMOGE AT THE CASCADES HOMEOWNERS' ASSOCIATION, INC.</b>		

Principal Place of Business <b>6601 CASCADE ISLES BLVD. BOYNTON BEACH, FL 33436 US</b>	Mailing Address <b>6601 CASCADE ISLES BLVD. BOYNTON BEACH, FL 33436 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State <b>(CORRECT ZIP CODE-)</b>	City & State <b>(CORRECT ZIP CODE)</b>
Zip <b>33437</b>	Country <b>US</b>

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0901701</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CAPLAN, LOUIS GAGHS, GAX &amp; KLEIN 301 YAMATO RD SUITE 4150 BOCA RATON, FL 33431</b>	
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7. Name and Address of New Registered Agent  Name <b>SACHS &amp; SAK</b> Street Address (P.O. Box Number is Not Acceptable)  <b>(CORRECT FIRM NAME ONLY)</b> City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEYUM, JOAN 7348 HAYILAND CIRCLE BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABRAMS, MURRAY 7362 HAYILAND CIRCLE BOYNTON BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIFKIN, SY 7141 LOUISIANNE CT BOYNTON BEACH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENDLER, JIM 7183 LOUISANE CT BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, PHYLLIS 7186 HAYILAND CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWARTZ, MICHAEL S 7189 HAYILAND CIR. BOYNTON BEACH, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASHNER, DOLORES 7178 LOUISIANE CT BOYNTON BEACH, FL 33437 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>\$74/29</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *hunny* **4.208** **371.608-2**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #