2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2009
Secretary of State

DOCUMENT# N98000004024

Entity Name: LIMOGE AT THE CASCADES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6601 CASCADE ISLES BLVD.
BOYNTON BEACH, FL 33437 US

New Principal Place of Business:

Current Mailing Address:

6601 CASCADE ISLES BLVD.
BOYNTON BEACH, FL 33437 US

New Mailing Address:

C/O CASTLE MANAGEMENT
PO BOX 559009
FORT LAUDERDALE, FL 33355 US

FEI Number: 65-0901701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPLAN, LOUIS
SACHS & SAX
301 YAMATO RD SUITE 4150
BOCA RATON, FL 33431 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: PD ( ) Delete
Name: HEYUM, JOAN
Address: 7346 HAYILAND CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD ( ) Delete
Name: ABRAMS, MURRAY
Address: 7362 HAYILAND CIRCLE
City-St-Zip: BOYNTON BEACH, FL

Title: D ( ) Delete
Name: RIFKIN, SY
Address: 7141 LOUISIANNE CT
City-St-Zip: BOYNTON BEACH, FL

Title: D ( ) Delete
Name: TENDLER, JIM
Address: 7183 LOUISANE CT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD ( ) Delete
Name: GREER, PHYLLIS
Address: 7186 HAVILAND CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD ( ) Delete
Name: SCHWARTZ, MICHAEL S
Address: 7189 HAVILAND CIR.
City-St-Zip: BOYNTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT A DONNELLY MGR 02/21/2009
Electronic Signature of Signing Officer or Director — Date