

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004024

FILED
Apr 09, 2010
Secretary of State

Entity Name: LIMOGES 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:

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

New Mailing Address:

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
Name: HEYUM, JOAN
Address: 7346 HAYILAND CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD
Name: GREER, PHYLLIS
Address: 7186 HAVILAND CIRCLE
City-St-Zip: BOYNTON BEACH, FL

Title: SD
Name: RIFKIN, SY
Address: 7141 LOUISIANNE CT
City-St-Zip: BOYNTON BEACH, FL

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

Title: D
Name: KESHNER, DOLORES
Address: 7178 LOUISIANE COURT
City-St-Zip: BOYNTON BEACH, FL 33437

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

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

04/09/2010

Electronic Signature of Signing Officer or Director

_____ Date