Wedgewood at the Cascades Homeowners' Association, Inc.

04-17-2008 90161 001 *5,818.75
N98000004026

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004026

1. Entity Name
WEDGEWOOD AT THE CASCADES HOMEOWNERS' ASSOCIATION, INC.

FILED
08 APR 30 AM 6:21
SECRETARY OF STATE
66007143 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6601 CASCADE ISLES BLVD BOYNTON BEACH, FL 33437	6601 CASCADE ISLES BLVD BOYNTON BEACH, FL 33437

02132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0901699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPLAN, LOUIS
SACHS,SAX & KLEIN
301 YAMATO RD. STE 4150
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name SACHS & SAX
Street Address (P.O. Box Number is Not Acceptable)
(CORRECT FIRM NAME ONLY)
City **FL** Zip Code

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 _____ * DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOCHERMAN, MILLY 11574 COLONNADE DR BOYNTON BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRODE, MARVIN 7171 GRANVILLE AVE BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHOEN, TERI 11553 LAWTON ROAD BOYNTON BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICHOLS, SANDRA 11513 LAWTON ROAD BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHILDKRAUT, VICTOR 7320 CHORALE RD BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAGAT, RUTH 7445 CHORALE ROAD BOYNTON BEACH, FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PODOB, CARLA 7421 CHORALE RD BOYNTON BEACH, FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT, WARREN 7269 WHITFIELD AVE BOYNTON BEACH, FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4/29/30	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALCOFF, SHIRLEY 7512 GRANVILLE AVE BOYNTON BEACH, FL 33437	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Jen Schoen 4/2/08 561-424-2460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #