

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004026

FILED
Feb 24, 2009
Secretary of State

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

Current Principal Place of Business:

6601 CASCADE ISLES BLVD
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

6601 CASCADE ISLES BLVD
BOYNTON BEACH, FL 33437

New Mailing Address:

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

FEI Number: 65-0901699

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. STE 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: TD () Delete
Name: HOCHERMAN, MILLY
Address: 11574 COLONNADE DR
City-St-Zip: BOYNTON BEACH, FL

Title: PD () Delete
Name: SCHOEN, TERI
Address: 11553 LAWTON ROAD
City-St-Zip: BOYNTON BEACH, FL

Title: VD () Delete
Name: SCHILDKRAUT, VICTOR
Address: 7320 CHORALE RD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: PODOB, CARLA
Address: 7421 CHORALE RD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: GRODE, MARVIN
Address: 7171 GRANVILLE AVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: NICHOLS, SANDRA
Address: 11513 LAWTON ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: LUBITZ, SHELDON
Address: 6738 SHEBROOK DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PD (X) Change () Addition
Name: SCHOEN, TERRI
Address: 11553 LAWTON ROAD
City-St-Zip: BOYNTON BEACH, FL 33437

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

Title: SD (X) Change () Addition
Name: SAGAT, RUTH
Address: 7445 CHORALE RD
City-St-Zip: BOYNTON BEACH, FL 33437

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

02/24/2009

Electronic Signature of Signing Officer or Director

Date