Cascades at St. Lucie West Residents' Association, Inc.

05-18-2007 90216 001 *5,328.75
N98000004724

FILED
07 MAY 23 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004724

1. Entity Name
CASCADES AT ST. LUCIE WEST RESIDENTS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
800 NW CASCADES ISLE BLVD. PORT ST. LUCIE, FL 34952	CASTLE MANAGEMENT, INC. 12270 AW 3RD STREET, SUITE 200 PLANTATION, FL 33325

02152007 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 65-1015731 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORNETT, JANE L ESQ CORNETT, GOOGE & ASSOCIATES, P.A. 401 E OSCEOLA ST STUART, FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	P JORDAN, CHARLES H 601 N.W. WHITFIELD WAY PORT SAINT LUCIE, FL 34986	X☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DIXON, EDWARD 325 SHORELINE CIRCLE PORT AINT LUCIE, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GROB, ARLENE 373 N.W. SPRINGVIEW LOOP PORT SAINT LUCIE, FL 34986	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RACE, ROGER 312 NW MILLPOND LN PORT SAINT LUCIE, FL 34986	X☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MC LEAN, GARY 229 LISERON WAY PORT SAINT LUCIE, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD O'BRIEN, RICHARD 389 N.W. SHOREVIEW DR PORT SAINT LUCIE, FL 34986	X☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PESCINO, JOHN 404 BREEZY PT LOOP PORT SAINT LUCIE, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$M6/4	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYRACUSE, JAMES 317 TOSCANE TRAIL PORT SAINT LUCIE, FL 34986	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRAS, GREG 316 ALANA AVENUE PORT SAINT SUCIE, FL 34986	☐ 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: _____ GARY MCLEAN 05-03-07 772-785-5950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #