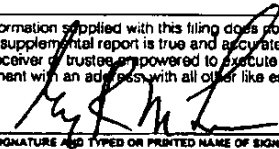


05-18-2007 90216001 *5,328.75
N98000004724**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAY 23 PM 1:20

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004724			
1. Entity Name CASCADES AT ST. LUCIE WEST RESIDENTS' ASSOCIATION, INC.			
Principal Place of Business 800 NW CASCADES ISLE BLVD. PORT ST. LUCIE, FL 34952		Mailing Address CASTLE MANAGEMENT, INC. 12270 AW 3RD STREET, SUITE 200 PLANTATION, FL 33325	
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 CORNETT, JANE L ESQ CORNETT, GOOGE & ASSOCIATES, P.A. 401 E OSCEOLA ST STUART, FL 34994		7. Name and Address of New Registered Agent 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 state 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 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIXON, EDWARD 325 SHORELINE CIRCLE PORT SAINT 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 ☒ 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 ☒ 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	☐ 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 LUCIE, 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	