

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004724

FILED
Feb 21, 2009
Secretary of State

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

Current Principal Place of Business:

800 NW CASCADES ISLE BLVD.
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1015731 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORNETT, JANE L ESQ
CORNETT, GOOGE & ASSOCIATES, P.A.
401 E OSCEOLA ST
STUART, FL 34994 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: VD () Delete
Name: DIXON, EDWARD
Address: 325 SHORELINE CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: MCLEAN, GARY
Address: 299 LISERON WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: SYRACUSE, JAMES
Address: 317 TOSCANE TRAIL
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VPD () Delete
Name: STRAS, GREG
Address: 316 ALANA CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIXON, EDWARD
Address: 325 SHORELINE CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: SD (X) Change () Addition
Name: SYRACUSE, JAMES
Address: 317 TOSCANE TRAIL
City-St-Zip: PORT ST LUCIE, FL 34986

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

02/21/2009

Electronic Signature of Signing Officer or Director

Date