

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 13, 2009
Secretary of State

DOCUMENT# N98000004724

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: PD () 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: SD () 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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARON, MAUREEN
Address: 364 NW SPRNGVIEW LOOP
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VPD (X) Change () Addition
Name: RODAWAY, PETER
Address: 316 NW SEACREST WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: TD (X) Change () Addition
Name: WEISS, ARNOLD
Address: 408 NW SUNVIEW WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Change (X) Addition
Name: LABATE, ANTHONY
Address: 212 NW MISTRAL CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Change (X) Addition
Name: MITSCH, GEORGE
Address: 463 NW BLUE LAKE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

04/13/2009

Electronic Signature of Signing Officer or Director

Date