

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 16, 2010
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: SD
Name: SYRACUSE, JAMES
Address: 317 NW TOSCANE TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: PD
Name: MITSCH, GEORGE
Address: 463 NW BLUE LAKE DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D
Name: SOBOTI, PHIL
Address: 305 NW ALANA AVENUE
City-St-Zip: PORT ST LUCIE, FL 34986

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

Title: VPD
Name: WALL, JOSEPH
Address: 338 NW BREEZY POINT LOOP
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: GEORGE MITSCH

MR.

09/16/2010

Electronic Signature of Signing Officer or Director

Date