

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004724

FILED  
Apr 29, 2011  
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: 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: SMITH, WAYNE  
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

Title: D  
Name: FORMAN, JOEL  
Address: 330 NW SPRINGVIEW COURT  
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: ROBERT A DONNELLY

MGR

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date