

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005888**

1. Entity Name

CASCADE LAKES RESIDENTS' ASSOCIATION, INC.**FILED**
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90034 011 ****61.25

Principal Place of Business

**6561 CASCADES ISLE BLVD.
BOYNTON BEACH FL 33437**

Mailing Address

**6561 CASCADES ISLE BLVD.
BOYNTON BEACH FL 33437-6442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2139884

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WURTENBERGER, KENNETH P
200 E. LAS OLAS BLVD., STE. 1900
FT. LAUDERDALE FL 33301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ETTINGER, DAVID	6561 CASCADES ISLE BLVD.	BOYNTON BEACH FL 33437	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	WORLEY, SCOTT	6561 CASCADES ISLE BLVD.	BOYNTON BEACH FL 33437	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	FORDYCE, DENISE	6561 CASCADES ISLE BLVD.	BOYNTON BEACH FL 33437	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)