

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

01-20-2004 90076 025 ****61.25

DOCUMENT # N99000005888 1. Entity Name CASCADE LAKES RESIDENTS' ASSOCIATION, INC.																											
Principal Place of Business 3900 WOODLAKE BLVD, SUITE 201 LAKE WORTH, FL 33463			Mailing Address 3900 WOODLAKE BLVD, SUITE 201 LAKE WORTH, FL 33463																								
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		66401208																							
4. FEI Number 52-2139884				Applied For ☐ Not Applicable																							
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF PA 500 AUSTRALIAN AVE S. 9TH FLOOR WEST PALM BEACH, FL 33400			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.																											
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																											
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																							
Make check payable to Florida Department of State																											
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																											
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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: 2/3/04 54-737-9986																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											