

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90126 016 ****61.25

DOCUMENT # N99000005888

1. Entity Name
CASCADE LAKES RESIDENTS' ASSOCIATION, INC.



Principal Place of Business
**5075 CASCADE LAKES BLVD.
BOYNTON BEACH, FL 33437**

Mailing Address
**5075 CASCADE LAKES BLVD.
BOYNTON BEACH, FL 33437**

4004750



01032006 Chg-NP CR2E037 (11/05)

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

**BECKER & POLIAKOFF PA
500 AUSTRALIAN AVE S. 9TH FLOOR
WEST PALM BEACH, FL 33400**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE ☐ Delete
NAME **ALTER, MILES**
STREET ADDRESS **5248 GLENVILLE DR.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Change ☒ Addition
NAME **WEINBERG, ERNIE**
STREET ADDRESS **11572 SPRING OAK**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☒ Delete
NAME **BERLINGER, CARL**
STREET ADDRESS **5370 LONDON CIR.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☒ Change ☐ Addition
NAME **PD ALTER MILES**
STREET ADDRESS **5248 GLENVILLE DR.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Delete
NAME **VPD BRENNER, JAY**
STREET ADDRESS **5115 CORBEL LAKE WAY**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Change ☒ Addition
NAME **PD MEYER MARKON**
STREET ADDRESS **5248 GLENVILLE DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
NAME **TD BAKER, ED**
STREET ADDRESS **5315 LONDON CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Change ☒ Addition
NAME **PD TISHBERG, Lenny**
STREET ADDRESS **5326 LONDON CIRCLE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Delete
NAME **SD LINDENBAUM, STANLEY**
STREET ADDRESS **5105 BLEU LAPIS DRIVE**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #