


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90253 029 \*\*\*\*70.00

<b>DOCUMENT # N99000005888</b> 1. Entity Name <b>CASCADE LAKES RESIDENTS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5075 CASCADE LAKES BLVD. BOYNTON BEACH, FL 33437</b>			Mailing Address <b>5075 CASCADE LAKES BLVD. BOYNTON BEACH, FL 33437</b>		
2. Principal Place of Business - No P.O. Box # <b>Same as above</b>		3. Mailing Address <b>Same as above</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02262008 Chg-NP CR2E037 (12/06)	
City & State 		City & State 		4. FEI Number <del>02-0100004</del> <b>20-0040404</b> Applied For Not Applicable	
Zip 	Country 	Zip 	Country 	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF PA 500 AUSTRALIAN AVE S. 9TH FLOOR WEST PALM BEACH, FL 33400</b>				7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>WEINBERG, ERNIE</del> <del>11572 SPRING LAKE AVE</del> <del>BOYNTON BEACH, FL 33437</del>	<input checked="" type="checkbox"/> Delete	TITLE <b>(7)</b> NAME STREET ADDRESS CITY-ST-ZIP	SD <b>Richard Ruskin</b> <b>5312 Glenville Drive</b> <b>Boynton Beach FL 33437</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ALTER, MILES</b> <b>5248 GLENVILLE DR</b> <b>BOYNTON BEACH, FL 33437</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>BRENNER, JAY</b> <b>5115 CORBEL LAKE WAY</b> <b>BOYNTON BEACH, FL 33437</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>(2)</b> NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>STANLEY WARSHAW</b> <b>11783 Haddon Parkway</b> <b>BOYNTON BEACH FL 33437</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>(3)</b> NAME STREET ADDRESS CITY-ST-ZIP	TD <b>BAKER, ED</b> <b>5315 LONDON CIRCLE</b> <b>BOYNTON BEACH, FL 33437</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>LINDENBAUM, STANLEY</b> <b>5105 BLEU LAPIS DRIVE</b> <b>BOYNTON BEACH, FL 33437</b>	<input type="checkbox"/> Delete	TITLE <b>(4)</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>Lindenbaum, Stanley</b> <b>5105 Bleu Lapis Drive</b> <b>B.B. FL 33437</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>(5)</b> NAME STREET ADDRESS CITY-ST-ZIP	D <b>TISHBERG, LENNY</b> <b>5326 LONDON CIR</b> <b>BOYNTON BEACH, FL 33437</b>	<input type="checkbox"/> Delete	TITLE <b>(6)</b> NAME STREET ADDRESS CITY-ST-ZIP	D <b>Gerald Dineyman</b> <b>5300 Grey Birch Lane</b> <b>Boynton Beach FL 33437</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <i>[Signature]</i>			<b>4/23/08</b> <b>561-752-3789</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					