

N9900000 5888

no return address

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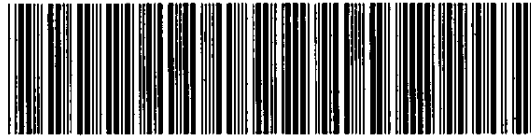
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
09 OCT 22 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 1/27/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2010

CASCADE LAKES RESIDENTS ASSOCIATION, INC.
5075 CASCADE LAKES BLVD
BOYNTON BEACH, FL 33437

SUBJECT: CASCADE LAKES RESIDENTS' ASSOCIATION, INC.
Ref. Number: N99000005888

We have received your document for CASCADE LAKES RESIDENTS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have an officer or director sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 810A00000850

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cascade Lakes Residents' Association, Inc.
2. The principal office address: 5075 Cascade Lakes Blvd., Boynton Beach, FL 33437
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 10/04/1999 Document number: N99000005888
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Becker & Poliakoff, P.A.

500 Australian Avenue, South, 9th Floor

West Palm Beach, Florida

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Associated Corporate Services LLC-Attn: -Louis Caplan, Esq.

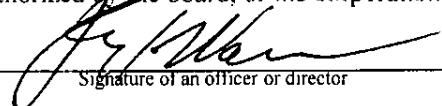
6111 Broken Sound Parkway NW, Suite 200

P.O. Box NOT acceptable

Boca Raton, Florida 33487

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

STANLEY WARSHAW
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

December 7, 2009
Date

If signing on behalf of an entity:

Louis Caplan, Esq.

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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