2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900000 5888

1. Entity Name

CASCADE Lakes Residents Assoc. Inc.

FILED

03 MAR 12 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000013989570
03/12/03--01042--001 **61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
c/o GRS Management Associates, Inc. 3900 Woodlake Blvd STE 201 Lake Worth FL 33463	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Same	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
Patti Heidler Ladwig P.A. 12765 W. Forest Hill Blvd Ste 1312 Wellington FL 33411	Name: Backer & Poliakoff P.A. Street Address (P.O. Box Number is Not Acceptable): 500 Australian Ave S. 9th floor City: West Palm Bch FL Zip Code 33401

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: Kenneth S. Direktor 1/27/03

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
After September 12, 2001, min. will be $236.25

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	ETTINGER, DAVID (PD) 6561 Cascade Isles Blvd Boynton Bch FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EFFRON, STEPHEN (P)D 11758 Grove Ridge Lane Boynton Bch FL 33437	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Newman, Denise (STD) 6561 Cascade Isles Blvd Boynton Bch FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAUL DELL (D) 5423 Landon Circle Boynton Bch FL 33437	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	West, Alfred (VPD) 6551 Cascade Isles Blvd Boynton Bch FL 33437	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Simon, Howard (TD) 5128 Corbel Way Boynton Bch FL 33437	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Greer, Burton (SD) 5280 Wycombe Ave Boynton Bch FL 33437	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leon, Lew (D) 11766 Hadden Parkway Boynton Bch FL 33437	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gellen, Murray (D) 5049 Blue Lapis Drive Boynton Bch FL 33437	☐ Change ☐ Addition

CR2E037 (5/01)

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: Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #