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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90124 014 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000044698

1. Corporation Name  
CASHMERE DEVELOPMENTS, INC.



Principal Place of Business  
C/O CENTRECORP MANAGEMENT SERVICES, INC.  
2401 PGA BLVD. SUITE 280  
PALM BEACH GARDENS FL 33410

Mailing Address  
C/O CENTRECORP MANAGEMENT SERVICES, INC.  
2401 PGA BLVD. SUITE 280  
PALM BEACH GARDENS FL 33410

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1997

4. FEI Number

65-0764138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

METZGER, JOHN T ESQ  
250 AUSTRALIAN AVENUE SOUTH  
SUITE 700  
WEST PALM BEACH FL 33402-2926

81 Name

David J. Wiener

82 Street Address (P.O. Box Number is Not Acceptable)

2401 PGA Boulevard

83

Suite 280

84 City

Palm Beach Gardens

FL

85 Zip Code  
33410

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

David J. Wiener, Registered Agent

NOTE: Registered Agent signature required when reinstating)

DATE

2-12-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME PRESTON, JOHN W S  
STREET ADDRESS 2401 PGA BLVD, SUITE 280  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

1.1 TITLE DP ☒ Change ☐ Addition

TITLE D ☐ DELETE

NAME GREEN, ROBERT S  
STREET ADDRESS 2401 PGA BLVD, SUITE 280  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

2.1 TITLE DVPST ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME BARRY, W. MARK  
STREET ADDRESS 2401 PGA BOULEVARD, SUITE 280  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

3.1 TITLE VP ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME Cohen, Peter  
STREET ADDRESS 30 St. Clair Avenue West, Ste. 1400  
CITY-ST-ZIP Toronto, Ontario M4V3A1 Canada

4.1 TITLE D ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME Bernick, Larry  
STREET ADDRESS 2401 PGA Boulevard, Suite 280  
CITY-ST-ZIP Palm Beach Gardens, FL 33410

5.1 TITLE D/V/AS ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-12-99

561-624-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John W. S. Preston, President

CR2E034 (11/98)

0029322