2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005888

Entity Name: CASCADE LAKES RESIDENTS' ASSOCIATION, INC.

FILED
Mar 29, 2019
Secretary of State
9218673279CC

Current Principal Place of Business:

5075 CASCADE LAKES BLVD. BOYNTON BEACH. FL 33437

Current Mailing Address:

5075 CASCADE LAKES BLVD BOYNTON BEACH, FL 33437

FEI Number: 20-0040404 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATED CORPORATE SERVICES LLC ATTN LOUIS CAPLAN, ESQ 6111 BROKEN SOUND PKWY STE 200 BOCA RATON, FL 33487 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

TitlePRESTitleTREASURERNameWEIL, MARIONNameGOODMAN, MARK

Address 5336 GREY BIRCH LANE Address 5192 CLOVER CREEK DRIVE

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: BOYNTON BEACH FL 33437

Title VP Title DIRECTOR

Name DINERMAN, GERALD Name EILEEN, OLITSKY

Address 5300 GREY BIRCH LANE Address 11554 SPRING OAK AVENUE
City-State-Zip: BOYNTON BEACH FL 33437
City-State-Zip: BOYNTON BEACH FL 33437

Title SECRETARY Title DIRECTOR

Name ARBEIT, LINDA Name SILVER, ALAN

Address 5194 BAYLEAF AVENUE Address 5106 POLLY PARK LANE

City-State-Zip: BOYNTON BEACH FL 33437 City-State-Zip: BOYNTON BEACH FL 33437

Title DIRECTOR

Name GINSBERG, HARVEY
Address 5049 GLENVILLE DRIVE
City-State-Zip: BOYNTON BEACH FL 33437

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK GOODMAN TREASURER 03/29/2019