


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90189 009 ****61.25

DOCUMENT # N06000002523

1. Entity Name
CASCADES AT KISSIMMEE CONDOMINIUM ASSOCIATION INC.



Principal Place of Business 2100 CASCADES BLVD KISSIMMEE, FL 32741	Mailing Address PO BOX 520085 LONGWOOD, FL 32752
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02212008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2772925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLE, MARIA F. ESQ.
 3750 NW 87 AVE., STE. 100
 DORAL, FL 33178

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALONSO, LUIS 4937 SW 75 AVE., STE. B#21 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLANCO, MARLON 4937 SW 75 AVE., STE. B#21 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SOLARES, HUMBERTO 4937 SW 75 AVE., STE. B#21 MIAMI, FL 33155
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  _____

Date: **2/20/08** Daytime Phone #: **305-667-8584**