

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002523

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: CASCADES AT KISSIMMEE CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

2100 CASCADES BLVD  
KISSIMMEE, FL 32741

**New Principal Place of Business:**

1801 COOK AVENUE  
ORLANDO, FL 32806

**Current Mailing Address:**

PO BOX 520085  
LONGWOOD, FL 32752

**New Mailing Address:**

1801 COOK AVENUE  
ORLANDO, FL 32806

FEI Number: 20-2772925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KATZMAN GARFINKEL  
1501 NW 49TH ST STE 202  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ALONSO, LUIS  
Address: 4937 SW 75 AVE., STE. B#21  
City-St-Zip: MIAMI, FL 33155

Title: DS ( ) Delete  
Name: BLANCO, MARLON  
Address: 4937 SW 75 AVE., STE. B#21  
City-St-Zip: MIAMI, FL 33155

Title: DT ( ) Delete  
Name: SOLARES, HUMBERTO  
Address: 4937 SW 75 AVE., STE. B#21  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MONTES, CARMEN  
Address: 2131 CASCADES BLVD, UNIT 101  
City-St-Zip: KISSIMMEE, FL 34741

Title: SEC (X) Change ( ) Addition  
Name: BARRY, MARY  
Address: 2131 CASCADES BLVD, UNIT 108  
City-St-Zip: KISSIMMEE, FL 34741

Title: TREA (X) Change ( ) Addition  
Name: GIRON, EDNA  
Address: 2060 CASCADES BLVD, UNIT 201  
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARMEN MONTES

PD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date