

N06000002523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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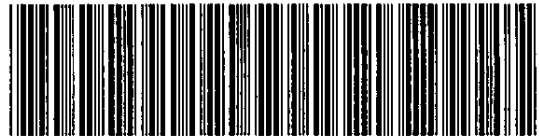
(Business Entity Name)

(Document Number)

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**EXAMINER**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cascades at Kissimmee Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N06000002523

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie Ludlam  
Name of Contact Person

Association Management Group of Central Florida, Inc.  
Firm/Company

101 Park Place Blvd., Suite 2  
Address

Kissimmee, FL 34741  
City/State and Zip Code

amg@nivets.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Ludlam at ( 407 ) 847-9950  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cascades at Kissimmee Condominium Association, Inc.

2. The principal office address: 101 Park Place Blvd., Suite 2, Kissimmee FL 34741

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/06/2006 Document number: N06000002523

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Katzman Garfinkel

1501 NW 49th Street Suite 202

Ft. Lauderdale FL 33309

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Association Management Group of Central Florida, Inc.

101 Park Place Blvd., Suite 2, Kissimmee FL 34741

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Imi A. Maiorano  
Signature of an officer or director

Imi A. Maiorano  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Leslie Ludlam  
Signature of Registered Agent

10-26-09  
Date

If signing on behalf of an entity:

Leslie Ludlam  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*