

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002523

FILED
Feb 10, 2010
Secretary of State

Entity Name: CASCADES AT KISSIMMEE CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

101 PARK PLACE BLVD
STE 2
KISSIMMEE, FL 32741

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE BLVD
STE 2
KISSIMMEE, FL 32741

New Mailing Address:

FEI Number: 20-2772925 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ASSOC. MANAGEMENT GROUP OF CENTRAL FL.,INC
101 PARK PLACE BLVD
STE 2
KISSIMMEE, FL 32741 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: PRES
Name: MAIORANO, LORI
Address: 2102 CASCADES BLVD, UNIT 208
City-St-Zip: KISSIMMEE, FL 34741

Title: VP
Name: KING, MARK
Address: 2201 CASCADES BLVD, UNIT 205
City-St-Zip: KISSIMMEE, FL 34741

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

Title: SEC
Name: DIAZ, ANGIE
Address: 2201 CASCADES BLVD, UNIT 103
City-St-Zip: KISSIMMEE, FL 34741

Title: D
Name: BELLIARD, INOCENCIA
Address: 2101 CASCACES BLVD, UNIT 206
City-St-Zip: KISSIMMEE, FL 34741

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: LORI MAIORANO

PRES

02/10/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date