


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008 8:00 am
Secretary of State

03-11-2008 90015 044 ****61.25

DOCUMENT # N00000007659	
1. Entity Name LA CASCADE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2641 EAST ATLANTIC BLVD SUITE 310 POMPANO BEACH, FL 33062	Mailing Address P.O. BOX 802 POMPANO BEACH, FL 33061
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2. Principal Place of Business - No P.O. Box # 90 Benchmark Property Mgmt. Suite, Apt. #, etc. 7932 Wiles Road City & State Coral Springs Zip 33067 Country U.S.A.	3. Mailing Address 90 Benchmark Property Mgmt. Suite, Apt. #, etc. 7932 Wiles Road City & State Coral Springs Zip 33067 Country U.S.A.
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02192008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1101469	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TMG MANAGEMENT 2641 EAST ATLANTIC BLVD SUITE 310 POMPANO BEACH, FL 33062	
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7. Name and Address of New Registered Agent
Name Robert Kaye + Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable)
6261 N.W. 16th Way
Suite 103
City Ft. Lauderdale FL Zip Code

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZARELLA, TOMMY 615 BAYSHORE DRIVE, #105 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRICKLAND, NEIL 615 BAYSHORE DRIVE, #701 FT. LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANKS, ROBIN 615 BAYSHORE DRIVE, #402 FT. LAUDERDALE, FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas Zarella, Pres Date 3/5/08 Daytime Phone # _____