

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007659

FILED
Mar 17, 2009
Secretary of State

Entity Name: LA CASCADE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BENCHMARK PROPERTY MGT
7932 WILES ROAD
POMPANO BEACH, FL 33067

New Principal Place of Business:

Current Mailing Address:

C/O BENCHMARK PROPERTY MGT
7932 WILES ROAD
POMPANO BEACH, FL 33067

New Mailing Address:

FEI Number: 65-1101469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERT KAYE & ASSOCIATES, P.A.
6261 NW 6TH WAY
STE 103
POMPANO BEACH, FL 33062 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: PD () Delete
Name: ZARELLA, TOMMY
Address: 615 BAYSHORE DRIVE, #105
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: S () Delete
Name: STRICKLAND, NEIL
Address: 615 BAYSHORE DRIVE, #701
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: T () Delete
Name: BANKS, ROBIN
Address: 615 BAYHSORE DRIVE, #402
City-St-Zip: FT. LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS ZARELLA

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date