

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002343

Entity Name: LAS CASCADAS HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 19, 2021
Secretary of State
3129948460CC

Current Principal Place of Business:

C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
DORAL, FL 33172

Current Mailing Address:

C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
DORAL, FL 33172 US

FEI Number: 65-1025159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
DORAL, FL 33172 US

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: RENOVATIONS PROPERTY MANAGEMENT

04/19/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name DIAZ, ALEJANDRO
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

Title PD
Name TAGLIAFICO, HECTOR
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name ESPINAL, RAMON
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

Title TREASURER
Name VALDIVIESO, JEAN PIERRE
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

Title VD
Name PICART, MAYRA
Address C/O RENOVATIONS PROPERTY MANAGEMENT
10855 NW 33RD STREET
City-State-Zip: DORAL FL 33172

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: TAGLIAFICO, HECTOR

PRESIDENT

04/19/2021

Electronic Signature of Signing Officer/Director Detail

Date