

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002343

Entity Name: LAS CASCADAS HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 27, 2014
Secretary of State
CC3592878755

Current Principal Place of Business:

2701 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES, FL 33134

Current Mailing Address:

C/O BARAKAT LAW, P.A.
2701 PONCE DE LEON BLVD SUITE 202
CORAL GABLES, FL 33134 US

FEI Number: 65-1025159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARAKAT LAW, P.A.
2701 PONCE DE LEON BLVD
STE 202
CORAL GABLES, FL 33134 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name TRIANA, LIZA
Address 7950 N.W. 53 STREET - SUITE 221
City-State-Zip: DORAL FL 33166

Title P
Name KELLY, ANDREAS
Address 8245 N.W. 36 STREET - SUITE 1
City-State-Zip: DORAL FL 33166

Title T
Name SOSA, KATHY
Address % BARAKAT LAW,P.A.,2701 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title D
Name BOLANOS, ALFREDO
Address % BARAKAT LAW,P.A.,2701 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title D
Name LABOISSONNIERE, ALISON
Address % BARAKAT LAW,P.A.,2701 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

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: ANDREAS KELLY

P

03/27/2014

Electronic Signature of Signing Officer/Director Detail

Date