2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000002343

Entity Name: LAS CASCADAS HOMEOWNERS' ASSOCIATION, INC.

FILED Nov 01, 2019 Secretary of State 3691625227CC

Current Principal Place of Business:

C/O LAW OFFICE OF CARLA JONES P.A

550 N.E. 124 STREET NORTH MIAMI, FL 33161

Current Mailing Address:

C/O LAW OFFICE OF CARLA JONES P.A 550 N.E. 124 STREET NORTH MIAMI, FL 33161 US

FEI Number: 65-1025159 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HECTOR , TAGLIAFICO 5432 NW 112TH CT DORAL, FL 33178 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: HECTOR TAGLIAFICO 11/01/2019

Electronic Signature of Registered Agent Date

550 N.W 124 STREET

Officer/Director Detail:

Title SECRETARY Title PRESIDENT

Name DIAZ, ALEJANDRO Name TAGLIAFICO, HECTOR

Address C/O LAW OFFICE OF CARLA JONES Address C/O LAW OFFICE OF CARLA JONES

550 N.E. 124 STREET

N.E. 124 STREET

City-State-Zip: NORTH MIAMI FL 33161 City-State-Zip: NORTH MIAMI FL 33178

Title DIRECTOR Title TREASURER

Name ESPINAL, RAMON Name VALDIVIESO, JEAN PIERRE

Address C/O LAW OFFICE OF CARLA JONES Address C/O LAW OFFICE OF CARLA JONES

City-State-Zip: NORTH MIAMI FL 33161 City-State-Zip: NORTH MIAMI FL 33161

Title VP

Name PICART, MAYRA

Address C/O LAW OFFICE OF CARLA JONES

P.A

550 N.E. 124 STREET

City-State-Zip: NORTH MIAMI FL 33161

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: HECTOR TAGLIAFICO PRESIDENT 11/01/2019