

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002343

**Entity Name:** LAS CASCADAS HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Feb 24, 2016**  
**Secretary of State**  
**CC1853334493**

**Current Principal Place of Business:**

782 N.W. 42ND AVENUE, SUITE 343  
MIAMI, FL 33126

**Current Mailing Address:**

782 N.W. 42ND AVENUE, SUITE 343  
MIAMI, FL 33126

**FEI Number: 65-1025159**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALBERT E. ACUNA, P.A.  
782 N.W. 42ND AVENUE, SUITE 343  
MIAMI, FL 33126 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 SECRETARY  
Name MONCALEANO, LISA  
Address %ALBERT E. ACUNA,PA 782 NW 42ND AVE #343  
City-State-Zip: DORAL FL 33166

Title DIRECTOR  
Name BURNS, JOHN  
Address %ALBERT E. ACUNA, PA 782 NW 42ND AVE #343  
City-State-Zip: MIAMI FL 33126

Title PRESIDENT  
Name SOSA, KATHY  
Address %ALBERT E. ACUNA, PA 782 NW 42ND AVE #343  
City-State-Zip: MIAMI FL 33126

Title TREASURER  
Name ARTEAGA, LEONARDO  
Address %ALBERT E. ACUNA, PA 782 42ND AVE STE. 343  
City-State-Zip: MIAMI FL 33126

*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: KATHY SOSA**

**PRESIDENT**

**02/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date