

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002343

Entity Name: LAS CASCADAS HOMEOWNERS' ASSOCIATION, INC.

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/DIRECTOR
Name MONCALEANO, LISA
Address C/O ALBERT E ACUNA PA
782 NW 42ND AVE SUITE 343
City-State-Zip: MIAMI FL 33126

Title VP/DIRECTOR
Name BURNS, JOHN
Address C/O ALBERT E ACUNA PA
782 NW 42ND AVE SUITE 343
City-State-Zip: MIAMI FL 33126

Title PRESIDENT/DIRECTOR
Name SOSA, KATHY
Address C/O ALBERT E ACUNA PA
782 NW 42ND AVE SUITE 343
City-State-Zip: MIAMI FL 33126

Title TREASURER/DIRECTOR
Name ARTEAGA, LEONARDO
Address C/O ALBERT E ACUNA PA
782 NW 42ND AVE SUITE 343
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name MENDOZA, OSCAR
Address C/O ALBERT E ACUNA PA
782 NW 42 AVE SUITE 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

01/30/2018

Electronic Signature of Signing Officer/Director Detail

Date