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.

PRES

#### SIGNATURE: MIKE KATZENBERGER

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N06000002523

## Entity Name: CASCADES AT KISSIMMEE CONDOMINIUM ASSOCIATION INC.

### Current Principal Place of Business:

101 PARK PLACE BLVD STE 2 KISSIMMEE, FL 32741

### **Current Mailing Address:**

101 PARK PLACE BLVD STE 2 KISSIMMEE, FL 32741

## FEI Number: 20-2772925

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

ASSOC. MANAGEMENT GROUP OF CENTRAL FL.,INC 101 PARK PLACE BLVD STE 2 KISSIMMEE, FL 32741 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

### Officer/Director Detail :

Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	KATZENBERGER, MIKE	Name	KATZENBERGER, LORI	
Address	101 PARK PLACE BLVD., SUITE 2	Address	101 PARK PLACE BLVD	
City-State-Zip:	KISSIMMEE FL 34741		STE 2	
		City-State-Zip:	KISSIMMEE FL 32741	
Title	VP			
Name	AARON, JAMES			
Address	101 PARK PLACE BLVD. SUITE 2			

City-State-Zip: KISSIMMEE FL 34741

Date

FILED Feb 11, 2019 Secretary of State 2476936936CC

Certificate of Status Desired: No