

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002523

**FILED**  
**Jan 27, 2014**  
**Secretary of State**  
**CC3861007283**

**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

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KATZENBERGER, MIKE  
Address        101 PARK PLACE BLVD., SUITE 2  
City-State-Zip: KISSIMMEE FL 34741

Title            DIRECTOR  
Name            GIRON, EDNA  
Address        101 PARK PLACE BLVD.  
                  SUITE 2  
City-State-Zip: KISSIMMEE FL 34741

Title            SECRETARY  
Name            KATZENBERGER, LORI  
Address        101 PARK PLACE BLVD  
                  STE 2  
City-State-Zip: KISSIMMEE FL 32741

*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:** MIKE KATZENBERGER

**PRESIDENT**

**01/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date