### 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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

### 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:

# STE 2

101 PARK PLACE BLVD

### FEI Number: 20-2772925

## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N0600002523

Entity Name: CASCADES AT KISSIMMEE CONDOMINIUM ASSOCIATION INC.

### **Current Principal Place of Business:**

101 PARK PLACE BLVD KISSIMMEE, FL 32741

### **Current Mailing Address:**

STE 2 KISSIMMEE, FL 32741

Electronic Signature of Registered Agent

	Liootionio	oig
Officer/Directo	or Detail	

City-State-Zip: KISSIMMEE FL 34741

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	City-State-Zip:	STE 2 KISSIMMEE FL 32741	
Title	VP			
Name	AARON, JAMES			
Address	101 PARK PLACE BLVD. SUITE 2			

Certificate of Status Desired: No

FILED Jan 26, 2016 Secretary of State CC4370729395

Date