

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002523

**FILED  
Jan 16, 2020  
Secretary of State  
6715201689CC**

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

*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** **01/16/2020**  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date