

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008591

**Entity Name:** CASCADE HEIGHTS RESIDENTS ASSOCIATIONS, INC.**Current Principal Place of Business:**160 ISLANDER COURT  
LONGWOOD, FL 32750**Current Mailing Address:**160 ISLANDER COURT  
LONGWOOD, FL 32750 US**FEI Number:** 81-3634189**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STRIDE, JONATHAN  
160 ISLANDER COURT  
LONGWOOD, FL 32750 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:** JONATHAN STRIDE

02/20/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                               |
|-----------------|-------------------------------|
| Title           | PRESIDENT                     |
| Name            | ALAN, DART                    |
| Address         | 150 ISLANDER COURT<br>APT 341 |
| City-State-Zip: | LONGWOOD FL 32750             |

|                 |                               |
|-----------------|-------------------------------|
| Title           | VP                            |
| Name            | AL, SYKES                     |
| Address         | 150 ISLANDER COURT<br>APT 353 |
| City-State-Zip: | LONGWOOD FL 32750             |

|                 |                                      |
|-----------------|--------------------------------------|
| Title           | TREA                                 |
| Name            | RISLEY, DEBORAH                      |
| Address         | 180 LANDOVER PLACE #386WD<br>APT 151 |
| City-State-Zip: | LONGWOOD FL 32750                    |

|                 |                               |
|-----------------|-------------------------------|
| Title           | SECRETARY                     |
| Name            | HAROLD, ROTTE                 |
| Address         | 150 ISLANDER COURT<br>APT 261 |
| City-State-Zip: | LONGWOOD FL 32750             |

*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:** ALAN DART

PRESIDENT

02/20/2025

Electronic Signature of Signing Officer/Director Detail

Date