## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SCHMIDT, STEVEN

BRADENTON, FL 34210

9816 DESOTO CT

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

## FILED Mar 31, 2008 8:00 am Secretary of State

03-31-2008 90004 039 \*\*\*\*61.25

CASCO	MENT # 715426 OGRADO CONDOMINIUM	ASSOCI	ATION, INC.			N .	- 6 k X o			
Principal Place of Business 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044  Mailing Address 2180 WEST SR 434, SUIT LONGWOOD, FL 32779-5						408	5 <b>4 Y</b> 86			
2. Principal P	Place of Business - No P.O. Box #	3. Maili	ng Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			02192008	Chg-NP	CR2E0	37 (12/06)	
City & State		City	City & State			4. FEI Number 59-12672	·55		<del></del>	pplied For
Zip	Country	Zip		Country		5. Certificate of		d 🗆	\$8.75 Ad	
	6. Name and Address of Current	t Registere	i Agent			7. Name and Ac	idress of Net	w Registered		
				Name						
				Street	Address	P.O. Box Number is	s Not Accepta	able)		
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Ì				City				FL	Zip Coo	de
	named entity submits this statement f	or the purpo	ise of changing its	reaistered office	or registe	red agent, or both	in the State of	f Florida. I am	Tamiliar with	and accent
SIGNATURE	tions of registered agent.  Signature, typed or printed name of registered ager	nt and title it appl	icable. {NOTE	: Registered Agent sig			Teach of the	DATE	ST STANKEN EN SE SE EMPLE	, and accept
		nt and title if appl		: Registered Agent sig	nature require				k payable	10 × 1
	Signature, typed or printed name of registered eger Filling Fee is \$61.25 Due by May 1, 2008  OFFICERS AND D		9. Election Can	: Registered Agent sig	nature require	d when reinstating)	F	Make chec	k payable rement of S	to State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

David Waite

9616 Hermando CT

Bredenton, FR. 34210

☐ Change

☐ Addition

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Proces