

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # 756497

1. Entity Name
THE CASCADES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4400 ESTERO BLVD
FORT MYERS BCH, FL 33931 US

Mailing Address

P O BOX 502
FT MYERS, FL 33902 US

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1984619

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

VANDBURG, C.R.
1900 VA AVE
#1503C
FT MYERS, FL 33901

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resetting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	D'AMELIO, ADRIENNE
STREET ADDRESS	385 CANTON ST.
CITY-ST-ZIP	RANDOLPH, MA 02368
TITLE	DVT
NAME	MURPHY, SANDRA
STREET ADDRESS	9815 LONGWOOD CIR
CITY-ST-ZIP	LOUISVILLE, KY 40223
TITLE	PD
NAME	SURPRISE, JON
STREET ADDRESS	617 HAMPTON RIDGE DR.
CITY-ST-ZIP	AKRON, OH 44313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000248211
03/02/05-80019-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON M. SURPRISE, PRESIDENT 2/21/05 239-463-1495

Date

Daytime Phone #