

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
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**



02102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2262205	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS D'AMELIO, ADRIENNE 385 CANTON ST. RANDOLPH, MA 02368
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MURPHY, SANDRA 9815 LONGWOOD CIR LOUISVILLE, KY 40223
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SURPRISE, JON 617 HAMPTON RIDGE DR. AKRON, OH 44313
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000857350
03/31/08-80009-025 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Jon M. Surprise, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/08
Date

239-463-1495
Daytime Phone #