## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 756497** 

FILED Feb 27, 2009 Secretary of State

Entity Name: THE CASCADES CONDOMINIUM ASSOCIATION, INC.  Current Principal Place of Business:  A400 ESTERO BLVD FORT MYERS BCH, FL 33931 US  Current Mailing Address:  P.O. BOX, 502 FT MYERS, FL 33902 US  FEI Number: 59-2262205 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent:  VANDENBURG, C.R. 1900 VA AVE 1900 VA VE 1900 VA 1900 VA 1900 VA 1900 VA 1900 VA 1	DOCON	/ILIVI# 100	T-01		Secretary or State		
4400 ESTERO BLVD FORT MYERS BCH, FL 33931 US  Current Mailing Address: New Mailing Address:  P O BOX 502 FFI MYERS, FL 33902 US  FEI Number: 59-2262205 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) ) Name and Address of Current Registered Agent:  VANDENBURG, C.R. 1900 VA AVE 415030 FT MYERS, FL 33901 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:  D C2/27/2009 Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  Title: D S ( ) Delete Name: D'AMELIO, ADRIENNE Address: 365 CANTON ST. Address: City-St-Zip: RANDOLPH, MA 02368 City-St-Zip: Title: D VT ( ) Delete Name: MURPHY, SANDRA Address: City-St-Zip: LOUISVILLE, KY 40223 City-St-Zip: Title: PD ( ) Delete Name: Name: Address: Address: City-St-Zip: LOUISVILLE, KY 40223 City-St-Zip: Title: PD ( ) Delete Title: PD ( ) Change ( ) Addition Name: Address:	Entity Nai	me: THE CAS	CADES CONDOMINIUM ASS	OCIATION, INC.			
Current Mailing Address:  P O BOX 502 FTT MYERS, FL 33902  Name and Address of Current Registered Agent:  VANDENBURG, C.R. 1900 VA AVE #1503C FT MYERS, FL 33901 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:  DS () Delete Name: DAMELIO, ADRIENNE Name: D'AMELIO, ADRIENNE Name: D'AMELIO, ADRIENNE Name: D'AMELIO, ADRIENNE Name: D'AMELIO, ADRIENNE Name: Naddress: City-St-Zip: Title: DV () Delete Name: N	Current P	rincipal Place	of Business:	New Principal Place o	f Business:		
P O BOX 502 FT MYERS, FL 33902 US  FEI Number: 59-2262205 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  VANDENBURG, C.R. 1900 VA AVE 415030 FT MYERS, FL 33901 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:  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title: DS ( ) Delete Name: D'AMELIO, ADRIENNE Address: City-St-Zip: RANDOLPH, MA 02368  City-St-Zip: Title: DV ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) Change ( ) Addition Name: MURPHY, SANDRA Name: Name: Name: SUPPRISE, JON Name: SURPRISE, JON Name: Address: 617 HAMPTON RIDGE DR.			33931 US				
FEI Number: 59-2262205 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  Name and Address of Current Registered Agent:  VANDENBURG, C.R. 1900 VA AVE #1503C FT MYERS, FL 33901 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:  DESTINATION OF THE STAND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title:  DS ( ) Delete Name:  D'AMELIO, ADRIENNE Address:  385 CANTON ST. City-St-Zip:  RANDOLPH, MA 02368  City-St-Zip:  Title:  DVT ( ) Delete Title:  Title:  DVT ( ) Delete Title:  DVT ( ) Delete Title:  DVT ( ) Delete Title:  T	Current Mailing Address:			New Mailing Address:	New Mailing Address:		
Name and Address of Current Registered Agent:  VANDENBURG, C.R. 1900 VA AVE #1503C #1503C FT MYERS, FL 33901 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:    Columbia			US				
VANDENBURG, C.R.  1900 VA AVE #1503C FT MYERS, FL 33901 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:	FEI Number:	: 59-2262205	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
1900 VA AVE #1503C FT MYERS, FL 33901 US FT MYERS, FL 33901 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:    Co2/27/2009	Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:		
in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO  Title:  DS () Delete Name:     D'AMELIO, ADRIENNE Address:     385 CANTON ST. City-St-Zip: RANDOLPH, MA 02368  City-St-Zip:  Title:  DVT () Delete Name: MURPHY, SANDRA Address: 9815 LONGWOOD CIR City-St-Zip: LOUISVILLE, KY 40223  Title: PD () Delete Title: () Change () Addition Name: Address: Gity-St-Zip:  Title: () Change () Addition Name: Address: Gity-St-Zip: Title: () Change () Addition Name: Name: Name: Name: Name: SURPRISE, JON Name: Address: G17 HAMPTON RIDGE DR.	1900 VA AVE #1503C			1900 VA AVE #1503	1900 VA AVE #1503		
Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: DS () Delete Title: () Change () Addition  Name: Name: Address: Address: City-St-Zip:  Title: DVT () Delete Title: () Change () Addition  Name: MURPHY, SANDRA Name: Address: City-St-Zip:  Title: DVT () Delete Title: () Change () Addition  Name: MURPHY, SANDRA Name: Address: City-St-Zip:  Title: PD () Delete Title: () Change () Addition  Name: SURPRISE, JON Name: Address: () Change () Addition  Name: SURPRISE, JON Name: Address: () Change () Addition  Name: Address: 617 HAMPTON RIDGE DR.			submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,		
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Name: D'AMELIO, ADRIENNE Name: Address: 385 CANTON ST. Address: City-St-Zip: RANDOLPH, MA 02368 City-St-Zip:  Title: DVT () Delete Title: () Change () Addition Name: MURPHY, SANDRA Name: Address: 9815 LONGWOOD CIR Address: City-St-Zip: City-St-Zip: City-St-Zip: City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: SURPRISE, JON Name: Address: Address: Address: Address: City-St-Zip: City-St-Z	OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Name: MURPHY, SANDRA Name: Address: 9815 LONGWOOD CIR Address: City-St-Zip: LOUISVILLE, KY 40223 City-St-Zip:  Title: PD () Delete Title: () Change () Addition Name: SURPRISE, JON Name: Address: 617 HAMPTON RIDGE DR. Address:	Name: Address:	D'AMELIO, ADR 385 CANTON S'	RIENNE T.	Name: Address:	)Change ()Addition		
Name:         SURPRISE, JON         Name:           Address:         617 HAMPTON RIDGE DR.         Address:	Name: Address:	MURPHY, SANÍ 9815 LONGWO	DRA OD CIR	Name: Address:	) Change ()Addition		
	Name: Address:	SURPRISE, ĴÓI 617 HAMPTON	N RIDGE DR.	Name: Address:	) Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SANDRA MURPHY DVT 02/27/2009