FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

760617

(1)

CASCADES OF LAUDERHILL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
4373 ROCK ISLAND ROAD

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc

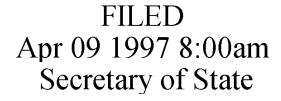
26

4373 ROCK ISLAND ROAD LAUDERHILL FL 33319

2. Principal Place of Business

Suite, Apt. #, etc.

4373 ROCK ISLAND ROAD LAUDERHILL FL 33319-4520





3a. Date of Last Report 02/07/1996

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified 11/06/1981

4/3/97

| 22 | | 27 | | | | 5. Certificate of Status Desired | Fee Re | quìred | |
|---|---------------------------|----------------------------------|------------|--|-------|---|-----------------|------------|--|
| City & Stat | Olly & State City & State | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Zip 24 | Country 25 | Z _I p | Counti | ry | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| 9, Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | jent | | |
| CAMPBELL PROPERTY MANAGEMENT 4373 ROCK ISLAND RD LAUDERHILL, FL 1233 E HILLSBORO BLVD DEERFIELD BCH, FL LAUDERHILL FL 33441 | | | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 | | | | | |
| | | | | 4 (| City | FL | 85 Zip C | ode | |
| 11. Pursuant to the provisions of Sociions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sociion 617.0503, Florida Statutes. | | | | | | | | | |
| SIGNATURE | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | | |
| TITLE | T | DELETE | 1.1 TITLE | | | | Change | Addition | |
| NAME | DAVIS, GERALD | | 1.2 NAME | | Ì | _ | | | |
| STREET ADDRESS | 7840 NW 50TH ST | | 1.3 STREE | | nprec | | | | |
| CITY-ST-ZIP | LAUDERHILL FL | | | 1.4 CITY-ST-ZIP | | | | | |
| TITLE | DELETE | | | 2.1 TITLE | | | Change | Addition | |
| NAME | CRONK, SHEILA | | 2.2 NAME | | } | | · | | |
| STREET ADDRESS | 7720 NW 50 ST | | 23 STREE | ET ADI | DRESS | | | ľ | |
| CITY-ST-ZIP | LAUDERHILL FL | | 2.4 CiTY | -\$1-2 | ZIP | | |) | |
| TITLE | D | DELETE | 3.1 TITLE | | | | Change | Addition | |
| NAME | GURALNICK, JACK | | 3 2 NAME | | ļ | | | 1 | |
| STREET ADDRESS | 7740 NW 50 ST | | 3.3 STREE | ET AD | DRESS | | | Ì | |
| CITY-ST-ZIP | LAUDERHILL FL | | 3.4. CITY- | -\$1-2 | ZIP | | | | |
| TITLE | S DELETE 4 | | 4 1 TITLE | | | | Change | Addition | |
| NAME | SEGAL, PAULETTE | | 4. 2 NAM | E | | | | ļ | |
| STREET ADDRESS | 7980 NW 50 ST | | 4.3 STREE | ET ADI | DRESS | | | | |
| CITY-ST-ZIP | LAUDERHILL FL | | 4.4 CITY- | S1-7 | TP | | | | |
| TITLE | VP | L_] DELETE | 5.1 TITLE | | | | Change | Addition | |
| NAME | SCHWARTZ, SHELDON | | 5.2 NAME | | | | | | |
| STREET ADDRESS | 7730 NW 50TH ST. #209 | | 5.3 STREE | T ADI | DRESS | | | ļ | |
| CITY-ST-ZIP | LAUDERHILL FL | | 5.4 CITY - | | TIP | | T. | | |
| TITLE | P ARTINEW | DELETE | 6.1 TITLE | | | L |] Change | ☐ Addition | |
| NAME | GREEN, STANLEY | | 6.2 NAME | | | | | | |
| STREET ADDRESS | 7730 NW 50TH ST. #410 | | 6.3 STREE | | 1 | | | | |
| OTY-ST-ZIP | LAUDERHILL FL | with this files does not a well- | 6.4 CITY- | | | Continue 140 67/0/63 Florida Continue 15 de | | | |
| 14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. | | | | | | | | | |