


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90014 017 \*\*\*\*61.25

<b>DOCUMENT # 760617</b>					
<b>1. Entity Name</b> CASCADES OF LAUDERHILL CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319		<b>Mailing Address</b> 4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2137239	
				Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CAMPBELL PROPERTY MANAGEMENT 4373 ROCK ISLAND RD LAUDERHILL, FL 1233 E HILLSBORO BLVD DEERFIELD BCH, FL LAUDERHILL, FL 33441			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, GERALD		NAME		
STREET ADDRESS	7840 NW 50TH ST		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MYONES, HYMAN		NAME		
STREET ADDRESS	7730 NW 30 ST		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33351		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEINMAN, JOHN		NAME	STIEGEL, BELLA	
STREET ADDRESS	7750 NW 50 STREET		STREET ADDRESS	7770 NW 50 STREET	
CITY-ST-ZIP	LAUDERHILL, FL 33351		CITY-ST-ZIP	LAUDERHILL, FL 33351	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKLAR, DOROTHY		NAME		
STREET ADDRESS	7840 NW 50TH ST		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33351		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, SHELDON		NAME		
STREET ADDRESS	7730 NW 50TH ST. #209		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, STANLEY		NAME		
STREET ADDRESS	7730 NW 50TH ST. #410		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL		CITY-ST-ZIP		
<b>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.</b>					
SIGNATURE: <i>Sheldon Schwartz VP</i>			Date: <i>2/5/04</i> Daytime Phone #: <i>954.739.1200</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					