

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90027 039 ****61.25

DOCUMENT # 760617
 1. Entity Name
CASCADES OF LAUDERHILL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319

Mailing Address
4373 ROCK ISLAND ROAD LAUDERHILL, FL 33319

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40015086



01182008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2137239

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

6. Name and Address of Current Registered Agent
**CAMPBELL PROPERTY MANAGEMENT
 4373 ROCK ISLAND RD LAUDERHILL, FL
 1233 E HILLSBORO BLVD DEERFIELD BCH, FL
 LAUDERHILL, FL 33441**

7. Name and Address of New Registered Agent
 Name **Campbell Property Management**
 Street Address (P.O. Box Number is Not Acceptable) **4373 Rock Island Road**
 City **Lauderhill** FL Zip Code **33319**

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 **Kelly Cottenberger (Campbell Property Mgmt)** DATE **1/18/08**

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

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, GERALD 7840 NW 50TH ST LAUDERHILL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Ringhoff Robert 7770 NW 50th Street #504 Lauderhill, FL 33351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYONES, HYMAN 7730 NW 30 ST LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, BELLA 7770 NW 50 ST. LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SKLAR, DOROTHY 7840 NW 50TH ST LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWARTZ, SHELDON 7730 NW 50TH ST. #209 LAUDERHILL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, STANLEY 7730 NW 50TH ST. #410 LAUDERHILL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Sheldon Schwartz** DATE: **1/18/08** DAYTIME PHONE: **954 741-5319**