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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:25

DOCUMENT # J18444

(6)

1. Corporation Name

CASCADES VILLAGE, INC.

Principal Place of Business

POST OFFICE BOX 928
HALEYVILLE AL 35565

Mailing Address

POST OFFICE BOX 928
HALEYVILLE AL 35565

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1986

3a. Date of Last Report

02/25/1994

4. FEI Number

59-2731433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERRY, THAD A.
5600 N US HWY 1
COCOA FL 32927

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of officer or director of corporation and State of Florida)

(Signature of Registered Agent or person authorized to accept appointment)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PS

NAME

TERRY, THAD A.
5600 U.S. HWY. 1
COCOA FL

STREET ADDRESS

CITY, ST, ZIP

TITLE

VP

NAME

JONES, BRUCE
443 S. HOPINS AVE.
TITUSVILLE FL

STREET ADDRESS

CITY, ST, ZIP

TITLE

VP

NAME

MASDON, JAMES
HWY. 5 NORTH
HALEYVILLE AL

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY, ST, ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY, ST, ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY, ST, ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY, ST, ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(1)(b), Florida Statutes. I further certify that the information included 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any other block with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOHND OFFICER OR DIRECTOR

James H. Masdon 2-16-95 205 986-8165