

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90008 007 ****70.00

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N00000007897			
1. Entity Name CASCADA AT FIDDLER'S CREEK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3200 TAMiami TRAIL NORTH STE 200 NAPLES, FL 34103		Mailing Address 3200 TAMiami TRAIL NORTH STE 200 NAPLES, FL 34103	
2. Principal Place of Business Cardinal Management Group of South Florida, Inc. 5067 Tamiami Trail East Naples, FL 34113		01102007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #		4. FEI Number 59-3690899	
City & State		Applied For Not Applicable	
Zip		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOODWARD, MARK J ESQ C/O WOODWARD, PIRES & LOMBARDO, PA 3200 TAMiami TRAIL N STE 200 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name: Cardinal Management Group Street Address (P.O. Box Number is Not Acceptable): 5067 Tamiami Trail East Attn: Dana Fulkner City: Naples FL Zip Code: 34113	
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: <u>Dana M Fulkner</u> DATE: <u>4-16-07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		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	PD PARISI, JOSEPH L 3470 CLUB CENTER BLVD NAPLES, FL 34114 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Daniel Murphy 9062 Cascada Way #101 Naples, FL 34114 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERGMOSER, GERALD 9006 CASCADA WAY, #202 NAPLES, FL 34114 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Stephen Lowry 9038 Cascada Way #102 Naples, FL 34114 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIRSTEIN, THOMAS 3470 CLUB CENTER BLVD NAPLES, FL 34114 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir Richard Peterson 9106 Cascada Way #102 Naples, FL 34114 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Daniel Murphy</u>		Date: <u>4-25-07</u> Daytime Phone #: <u>234 774-2723</u>	