


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90076 028 ****70.00

DOCUMENT # N00000007897 1. Entity Name CASCADA AT FIDDLER'S CREEK CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 5067 TAMiami TRAIL EAST NAPLES, FL 34113	Mailing Address 5067 TAMiami TRAIL EAST STE 200 NAPLES, FL 34113
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04102008 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 59-3690899	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOODWARD, MARK J ESQ 5067 TAMiami TRAIL EAST NAPLES, FL 34113	7. Name and Address of New Registered Agent Name <u>Cardinal Management Group</u> Street Address (P.O. Box Number is Not Acceptable) <u>5067 Tamiami Trail East</u> City <u>Naples</u> FL Zip Code <u>34113</u>
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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: Stewart Carter, Manager DATE: 4/18/08

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MURPHY, DANIEL
STREET ADDRESS	9062 CASCADA WAY #101
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	D <input type="checkbox"/> Delete
NAME	LOWRY, STEPHEN
STREET ADDRESS	9038 CASCADA WAY #102
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	STD <input checked="" type="checkbox"/> Delete
NAME	KIRSTEIN, THOMAS
STREET ADDRESS	9106 CASCADA WAY #102
CITY-ST-ZIP	NAPLES, FL 34114
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Richard Peterson</u>
STREET ADDRESS	<u>9106 Cascada Way, #102</u>
CITY-ST-ZIP	<u>Naples, FL 34114</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Cerald Bergmoser</u>
STREET ADDRESS	<u>9006 Cascada Way, #202</u>
CITY-ST-ZIP	<u>Naples, FL 34114</u>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Brian Boland</u>
STREET ADDRESS	<u>9038 Cascada Way, #102</u>
CITY-ST-ZIP	<u>Naples, FL 34114</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: [Signature] DATE: 4/29/08 DAYTIME PHONE #: 238-7740723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR