2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# N01000007065

Entity Name: CASCADES PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

982 CASCADES PARK TRAIL
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

982 CASCADES PARK TRAIL
DELAND, FL 32720

New Mailing Address:

FEI Number: 02-0622671 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUM, JAMES A PRES.
905 CASCADES PARK TRAIL
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/M ( ) Delete
Name: BLUM, JAMES A
Address: 905 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720

Title: T/D ( ) Delete
Name: LEMAY, MYRIAM
Address: 912 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720

Title: V/D ( ) Delete
Name: HOOKER, DAVID
Address: 928 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720

Title: V ( ) Delete
Name: BIOLKOWSKI, CHRIS
Address: 1318 BLUE STREAM RD.
City-St-Zip: DELAND, FL 32720

Title: S/D ( ) Delete
Name: SUPINSAI, RENEE
Address: 834 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V/D (X) Change ( ) Addition
Name: ZIOLKOWSKI, CHRIS
Address: 1318 BLUE STREAM RD.
City-St-Zip: DELAND, FL 32720

Title: S/D (X) Change ( ) Addition
Name: SUPINSKI, RENEE
Address: 934 CASCADES PARK TRAIL
City-St-Zip: DELAND, FL 32720

Title: V/D ( ) Change (X) Addition
Name: WALTER, HELEN
Address: 1324 BLUE STREAM ROAD
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. BLUM PRES 01/25/2007

Electronic Signature of Signing Officer or Director — Date