2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N03000002942

Entity Name: CASCADES AT ESTERO RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DR., STE 206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DR., STE. 206
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-2404098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR., STE 206
NAPLES, FL 34103 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 ( ) Delete
Name: STACY, JACK
Address: 20115 BALLYLEE CT.
City-St-Zip: ESTERO, FL 33928

Title: VP ( ) Delete
Name: MCDOWELL, BOB
Address: 20086 BALLYLEE CT.
City-St-Zip: ESTERO, FL 33928

Title: S ( ) Delete
Name: BARRY, GAIL
Address: 9589 LISERON DRIVE
City-St-Zip: ESTERO, FL 33928

Title: T ( ) Delete
Name: ROWE, DAN
Address: 9112 WHITFIELD DR.
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete
Name: CLESE, TONY
Address: 20052 ALANA COURT
City-St-Zip: ESTERO, FL 33928

Title: D ( ) Delete
Name: HAUPT, GARY
Address: 9603 LISMORE LANE
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: BULL, JACKIE
Address: 20044 SERENE MEADOW LANE
City-St-Zip: ESTERO, FL 33928

Title: P (X) Change ( ) Addition
Name: MCDOWELL, BOB
Address: 20086 BALLYLEE CT.
City-St-Zip: ESTERO, FL 33928

Title: VP (X) Change ( ) Addition
Name: BARRY, GAIL
Address: 9589 LISERON DRIVE
City-St-Zip: ESTERO, FL 33928

Title: T (X) Change ( ) Addition
Name: LANFARE, LEE C II
Address: 9194 SPRINGVIEW LOOP
City-St-Zip: ESTERO, FL 33928

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

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

I hereby certify that the information supplied with this filing does not qualify 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: BOB MCDOWELL P 03/31/2009

Electronic Signature of Signing Officer or Director — Date