

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004809

FILED  
Feb 08, 2011  
Secretary of State

**Entity Name:** CASCADES AT WORLD GOLF VILLAGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

400 N LEGACY DR  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

475 WEST TOWN PLACE  
SUITE 112  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

400 N LEGACY DR  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

5455 A1A S  
ST AUGUSTINE, FL 32080

**FEI Number:** 42-1702164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAY MANAGEMENT SERVICES INC  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 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  
Name: CARLO, ARTHUR  
Address: 5455 A1A S  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: S  
Name: LIGNETTA, KAREN  
Address: 5455 A1A S  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: RUSSELL, RAINBOW  
Address: 5455 A1A S  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D  
Name: HALL, KAREN  
Address: 5455 A1A S  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D  
Name: WALTERS, BEN  
Address: 5455 A1A S  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR CARLO

P

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date