

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003395

FILED
Apr 28, 2009
Secretary of State

Entity Name: CASCADE FALLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2811 INDUSTRIAL PLAZA DRIVE
SUITE E
TALLAHASSEE, FL 32301

New Principal Place of Business:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

Current Mailing Address:

2811 INDUSTRIAL PLAZA DRIVE
SUITE E
TALLAHASSEE, FL 32301

New Mailing Address:

4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

FEI Number: 20-5364323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASBURY, THOMAS
2811 INDUSTRIAL PLAZA DRIVE
SUITE E
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ASBURY, THOMAS B REGISTE
4708 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303 US

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: THOMAS B. ASBURY

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GHAZVINI, HOSSEIN
Address: 2811-E INDUSTRIAL PLAZA DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: GHAZVINI, BEHZAD
Address: 2811-E INDUSTRIAL PLAZA DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: GHAZVINI, MEHRAN
Address: 2811-E INDUSTRIAL PLAZA DR
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GHAZVINI, HOSSEIN DIRECTO
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: D (X) Change () Addition
Name: GHAZVINI, MEHRAN DIRECTO
Address: 4708 CAPITAL CIRCLE NW
City-St-Zip: TALLAHASSEE, FL 32303

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: HOSSEIN GHAZVINI

DIRE

04/28/2009

Electronic Signature of Signing Officer or Director

Date