2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jul 22, 2009
Secretary of State

DOCUMENT# N06000010267

Entity Name: CASCADE FALLS CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

270 SE 12TH STREET
FT LAUDERDALE, FL 33060

New Principal Place of Business:

530 NE 15TH COURT
FORT LAUDERDALE, FL 33304

Current Mailing Address:

270 SE 12TH STREET
FT LAUDERDALE, FL 33060

New Mailing Address:

3328 NE 11TH AVENUE
FORT LAUDERDALE, FL 33334

FEI Number: 26-1497611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STOLFA, TODD
270 SE 12TH STREET
FT LAUDERDALE, FL 33060 US

Name and Address of New Registered Agent:

ANDERSON, KIRBY
530 NE 15TH COURT
7
FORT LAUDERDALE, FL 33304 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: KIRBY ANDERSON 07/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STOLFA, TODD A
Address: 270 SE 12TH STREET
City-St-Zip: FT LAUDERDALE, FL 33060

Title: VPTD ( ) Delete
Name: TRACEY, JAMES A
Address: 270 SE 12TH STREET
City-St-Zip: FT LAUDERDALE, FL 33060

Title: SD (X) Delete
Name: LAWSON, FRANK
Address: 270 SE 12TH STREET
City-St-Zip: FT LAUDERDALE, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ANDERSON, KIRBY
Address: 530 NE 15TH COURT #7
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VPTD (X) Change ( ) Addition
Name: CARO, JAIME
Address: 530 NE 15TH COURT #5
City-St-Zip: FORT LAUDERDALE, FL 33304

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: KIRBY ANDERSON PD 07/22/2009
Electronic Signature of Signing Officer or Director Date