

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90343 038 ****61.25

DOCUMENT # N13590

1. Entity Name

CASCADE OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**PMB 739
4546 S. SEMORAN BLVD
ORLANDO FL 32822-2408
US**

Mailing Address

**PMB 739
4546 S. SEMORAN BLVD
ORLANDO FL 32822-2408
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2645400**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~**TSUGAWA, CHERYL
8210 SUMPTER COURT
ORLANDO FL 32822-7784**~~

7. Name and Address of New Registered Agent

Name

Olga Arias-Sierra

Street Address (P.O. Box Number is Not Acceptable)

8234 Sumpter Ct.

City

Orlando

FL

Zip Code

32822

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Olga Arias-Sierra

4/26/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	TSUGAWA, CHERYL	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		8210 SUMPTER COURT	
CITY-ST-ZIP		ORLANDO FL 32822	
TITLE	D	CARBONNEAU, KAREN	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		8264 CASCADE OAKS DRIVE	
CITY-ST-ZIP		ORLANDO FL 32822	
TITLE	D	TSUGAWA, JAY	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		8210 SUMPTER CT.	
CITY-ST-ZIP		ORLANDO FL 32822-7784	
TITLE	PD	Olga Arias-Sierra	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		8234 Sumpter Ct.	
CITY-ST-ZIP		Orlando, FL 32822	
TITLE	D	Pamela Ridgeway	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		8208 Cascade oaks Dr	
CITY-ST-ZIP		Orlando FL 32822	
TITLE	D	Michael Berry	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		4007 Meandering Ct.	
CITY-ST-ZIP		Orlando FL 32822	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Edwin O. Sierra	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		8234 Sumpter Ct.	
CITY-ST-ZIP		Orlando, FL 32822	
TITLE	D	Marilyn Tipton	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		8222 Sumpter Ct.	
CITY-ST-ZIP		Orlando FL 32822	
TITLE	D	Antonio Rosario	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		8869 Cascade oaks Dr.	
CITY-ST-ZIP		Orlando FL 32822	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **Olga Arias-Sierra**

4/26/0 407207-2172

CR2E037 (10/02)