

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28962

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** THE CASCADES TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2132 E. OAKLAND PARK BLVD  
2ND FLOOR  
FT. LAUDERDALE, FL 33306 US

**New Principal Place of Business:**

**Current Mailing Address:**

2132 E. OAKLAND PARK BLVD  
2ND FLOOR  
FT. LAUDERDALE, FL 33306 US

**New Mailing Address:**

**FEI Number:** 65-0172050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VORDERMEIER-WATERHOUSE, SUZANNE  
2132 E. OAKLAND PARK BLVD  
FT. LAUDERDALE, FL 33306 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: PD ( ) Delete  
Name: SCHABERL, MICHAEL  
Address: 801 NE 1ST ST #7  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T ( ) Delete  
Name: BOSLER, DIANNE  
Address: 801 NE 1 ST 4  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VPD ( ) Delete  
Name: DAAR, TIM  
Address: 801 NE 1ST STREET #1  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: BOSLER, DIANNE  
Address: 801 NE 1 ST 4  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: T (X) Change ( ) Addition  
Name: DAAR, TIM  
Address: 801 NE 1ST STREET #1  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S ( ) Change (X) Addition  
Name: CURTIS, GINA  
Address: 801 NE 1ST STREET #2  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: MICHAEL SCHABERL

P

04/15/2009

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

\_\_\_\_\_  
Date