


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90139 020 ***150.00

DOCUMENT # P04000138094 1. Entity Name CASCADES COMMUNITY DEVELOPERS, INC.					
Principal Place of Business 6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940			Mailing Address 6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <div style="text-align: center; font-size: 1.2em;">201969364</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRESE, GARY B 930 S HARBOR CITY BLVD SUITE 505 MELBOURNE, FL 32907			7. Name and Address of New Registered Agent Name Robert M. Kush Street Address (P.O. Box Number is Not Acceptable) 6767 N. Wickham Road Suite 500 City Melbourne FL Zip Code 32940		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUESCHER, KEITH 6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUESCHER, JON 6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LONGO, PATRICK K 6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KUSH, ROBERT M 6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIGMUND, JAMES L 6767 N WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mitchell, Ken <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6767 N. Wickham Road Suite 500 Melbourne, FL 32940		
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

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Cascades Community Developers, Inc.

58046881
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Continuation of #11

Addition:

S
Prince, Frank R.
6767 N. Wickham Road, Suite 500
Melbourne, FL 32940