

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001327 (6)**

1. Corporation Name

**CASA GRANDE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**834 OCEAN DRIVE  
MIAMI BEACH FL 33180**

**701 BRICKELL AVENUE #3150  
MIAMI FL 33131**



3. Date Incorporated or Qualified  
**03/23/1993**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, ART  
701 BRICKELL AVE.  
SUITE 3150,  
MIAMI FL 33131**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resident only)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>COLOMBO, UGO</b>	
STREET ADDRESS	<b>701 BRICKELL AVE., SUITE 3150</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>ZANUSSI, ANDREA</b>	
STREET ADDRESS	<b>701 BRICKELL AVE., SUITE 3150</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, ART</b>	
STREET ADDRESS	<b>701 BRICKELL AVE., SUITE 3150</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Colombo, UGO</b>	
13 STREET ADDRESS	<b>701 BRICKELL AVE, SUITE 3150</b>	
14 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
21 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>ZANUSSI, ANDREA</b>	
23 STREET ADDRESS	<b>701 BRICKELL AVE, SUITE 3150</b>	
24 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
31 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>MURPHY, ART</b>	
33 STREET ADDRESS	<b>701 BRICKELL AVE., SUITE 3150</b>	
34 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	<b>600001928086</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>-08/21/96--01024--035</b>	
53 STREET ADDRESS	<b>***236.25</b>	
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ART MURPHY**

8/6/96

(605) 572-0550

CR2E037 (12/95)