


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90073 009 ****61.25

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1. Entity Name
CASA GRANDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**834 OCEAN DRIVE
 MIAMI BEACH, FL 33180**

Mailing Address
**2035 HARDING STREET
 SUITE 200
 HOLLYWOOD, FL 33020**


2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



01122004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0401599

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEYROWITZ, ANDY
 C/O DCI ASSOC. SERVICES
 2035 HARDING STREET SUITE 200
 HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

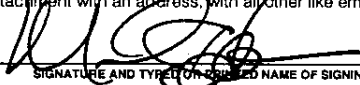
10. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	BUTTON, DANNY	
STREET ADDRESS	444 BRICKELL AVE., SUITE 212	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	BOTTON, DANNYD	
STREET ADDRESS	834 OCEAN DR. UNIT 201	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME	AMBROSIO, MICHAEL	
STREET ADDRESS	11900 BISCAYNE BLVD., 801	
CITY-ST-ZIP	N. MIAMI, FL 33160	
TITLE	S	<input type="checkbox"/> Delete
NAME	HELLMAN, MAYNARD	
STREET ADDRESS	300 SEVELIA, SUITE 300	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	INDEGLIA, ROBERT	
STREET ADDRESS	2850 SOUTH COUNTRY TR., #4A	
CITY-ST-ZIP	EAST GREENWICH, RI 02818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTON, DANNY	
STREET ADDRESS	834 Ocean Drive	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODSTEIN, HENRY	
STREET ADDRESS	444 BRICKELL AVE, SUITE 212	
CITY-ST-ZIP	MIAMI, FL 33131	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____