


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90086 037 ****61.25

DOCUMENT # N93000001327 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0401599	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYROWITZ, ANDY C/O DCI ASSOC. SERVICES 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTTON, DANNY			NAME	<i>P Meyer, Bernie</i>
STREET ADDRESS	834 OCEAN DRIVE			STREET ADDRESS	<i>2035 Harding St #200</i>
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	<i>Hollywood, FL 33020</i>
TITLE	VP/D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTON, DANNYD			NAME	
STREET ADDRESS	834 OCEAN DR. UNIT 201			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBROSIO, MICHAEL			NAME	
STREET ADDRESS	11900.BISCAYNE BLVD., 801			STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI, FL 33160			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLMAN, MAYNARD			NAME	
STREET ADDRESS	300 SEVELIA, SUITE 300			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INDEGLIA, ROBERT			NAME	
STREET ADDRESS	2850 SOUTH COUNTRY TR., #4A			STREET ADDRESS	
CITY-ST-ZIP	EAST GREENWICH, RI 02818			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODSTEIN, HENRY			NAME	
STREET ADDRESS	444 BRICKELL AVE., STE 212			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131			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: <i>[Signature]</i>				Date: <i>2/1/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

50010914



01142005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0401599 Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

Make check payable to Florida Department of State

\$5.00 May Be Added to Fees

9. Election Campaign Financing Trust Fund Contribution.

Filing Fee is \$61.25 Due by May 1, 2005

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTTON, DANNY			NAME	<i>P Meyer, Bernie</i>
STREET ADDRESS	834 OCEAN DRIVE			STREET ADDRESS	<i>2035 Harding St #200</i>
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	<i>Hollywood, FL 33020</i>
TITLE	VP/D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTON, DANNYD			NAME	
STREET ADDRESS	834 OCEAN DR. UNIT 201			STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBROSIO, MICHAEL			NAME	
STREET ADDRESS	11900.BISCAYNE BLVD., 801			STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI, FL 33160			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLMAN, MAYNARD			NAME	
STREET ADDRESS	300 SEVELIA, SUITE 300			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INDEGLIA, ROBERT			NAME	
STREET ADDRESS	2850 SOUTH COUNTRY TR., #4A			STREET ADDRESS	
CITY-ST-ZIP	EAST GREENWICH, RI 02818			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODSTEIN, HENRY			NAME	
STREET ADDRESS	444 BRICKELL AVE., STE 212			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131			CITY-ST-ZIP	

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *2/1/05*
Daytime Phone #