


FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90197 030 ****61.25

**NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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

40063493



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

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

01142005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 65-0401599

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired \$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 **4/2/06**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTON, DANNY	
STREET ADDRESS	17971 BISCAYNE BOULEVARD #201	
CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES EDWARDS	
STREET ADDRESS	8913 OXFORDSHIRE COURT	
CITY-ST-ZIP	HUNTERVILLE, NC 28078	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENJAMIN WALKER	
STREET ADDRESS	6550 SW 126 ST.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEREK HAMPTON	
STREET ADDRESS	5149 CRESTWOOD LANE	
CITY-ST-ZIP	ELLICOTT CITY, MD 21043	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM ANIN (AV)	
STREET ADDRESS	3001 N. 34 ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR