

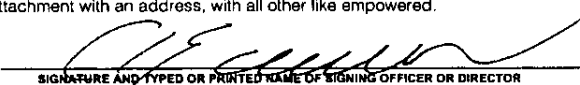


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90049 013 \*\*\*\*61.25

<b>DOCUMENT # N93000001327</b>					
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 - No P.O. Box #		3. Mailing Address 1430 NW 15 Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miami, FL		01212008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0401599	
33125		US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MEYROWITZ, ANDY C/O DCI ASSOC. SERVICES 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent	
				Name SKRLD, Inc.	
				Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle, Suite 1102	
				City Coral Gables FL Zip Code 33134	
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 SKRLD, Inc. by Lisa A. Lerner  , Secretary					
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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOTTON, DANNU 17971 BISCAYNE BLVD #201 AVENTURA, FL 33160	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Charles Edwards 1430 NW 15 Avenue, Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DO, JOHN 146 5TH AVE, #6D NEW YORK, NY 10011	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John H. Do 1430 NW 15 Avenue, Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUZIO, CAMILLE 175 BEACH 148ST ROCKAWAY PARK, NY 11694	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Bernard S. Meyer 1430 NW 15 Avenue, Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAMPTON, DEREK 5149 CRESTWOOD LN ELLCOTT CITY, MD 21043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kim Rodstein 1430 NW 15 Avenue, Miami, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD ANINJAN, SAM 3001 NORTH 34TH ST HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Martin Levinson 1430 NW 15 Avenue, Miami, FL 33125	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 1/24/08		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					