

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90101 026 ****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
**834 OCEAN DRIVE
MIAMI BEACH FL 33180**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
2035 Harding Street
Suite, Apt. #, etc.
Suite #200
City & State
Hollywood, Florida
Zip
33020



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0401599**

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**LLOYD, JAMES
4537 SHERIDAN AVE.
MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent
Name **Andy-Meyrowitz -- c/o DCI Assoc. Services**
Street Address (P.O. Box Number is Not Acceptable)
2035 Harding Street Suite #200
City **Hollywood** FL Zip Code **33020**

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 **3/6/03**

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

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D BUTTON, DANNY 834 OCEAN DRIVE MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D ANIDJAR, SAMMY 834 OCEAN DRIVE MIAMI BEACH FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SAVALLI, FRANK 24 HIAWATHA DRIVE BATTLE CREEK MI 49015	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Henry Rodstein 444 Brickell Avenue Suite#212 Miami, Florida 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Danny Botton 834 Ocean Drive Unit#201 Miami Beach, Florida 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Michael Ambrosio 11900 Biscayne Blvd #801 North Miami, Fl 33160	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Maynard Hellman 300 Sevelia Suite #300 Coral Gables, Fl 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Indeglia 2850 South Country Trail #4A East Greenwich, Rhode Island 02818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 **3/04/03**

CR2E037 (10/02)