## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**1. Corporation Name

CASA GRANDE PROPERTY OWNERS ASSOCIATION, INC.

071071	G,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Principal Place	e of Business	Ma	aiting Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11500 EL CLAIR RANCH RD BOYNTON BEACH FL 33437			00 EL CLAIR RANCH YNTON BEACH FL 33				3. Date Incorporated or Qualified 08/22/1995		
							4. FEI Number 65-0645994		oplied For ot Applicable
2. Principal P	lace of Business	2a. 26	Mailing Address			<del></del>	5. Certificate of Status Desired	\$8.75	Additional equired
Sulte, Apt.	#, etc.	27	Sulte, Apt. #, etc.	**			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	May Be
City & State	8	28	City & State	-			7. Is this nonprofit corporation a homeowr		
Zip	Country	[26]	Zip		ountry		8. This corporation owes or has paid the	current year In	
24	25	29		30	-,		Personal Property Tax due June 30.		No No
	9. Name and Address of Cu	irrent Hegist	lered Agent		81	Name	10. Name and Address of New Registere	d Agent	<del></del>
5501114	MANY MERT M								
PROUJANSKY, ALBERT N 11500 EL CLAIR RANCH RD					82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	ON BEACH FL 33437				83		· · · · · · · · · · · · · · · · · · ·		
					84	City	· · · · · · · · · · · · · · · · · · ·	. 85 Zip	Code
					لــــــــــــــــــــــــــــــــــــــ	-	F		
office or r agent. I a	to the provisions of Sections 617 egistered agent, or both, in the 5 im familiar with, and accept the c	1,0502 and 61 State of Florid Obligations of	17,1508, Florida Stat la. Such change wa: , Section 617,0503, l	iutes, the s authoriz Florida St	above zed by tatutes	-named corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE .	Signature, typed or printed name of register	nd sonni and title i	il applicable (N	OTE: Registe	ered Age	ot signature required	d when reinstating) DATE		· · · · · · · · · · · · · · · · · · ·
12.		AND DIREC		13			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	D		☐ DELETE	- 1.1	TITLE			Change	Addition
NAME	GREENBERG, LEONARD	E		1.2	NAME				
STREET ADDRESS	11500 EL CLAIR RANCH			1.3	STREET	ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33	137	1 00.000		CITY-ST	T-ZIP			Addition
TITLE	D		DELETE		TITLE			AL	
NAME	KAPLAN, ALVIN	DD.		<b>2</b> 2				☐ Change	LT Adollon
STREET ADDRESS	11500 EL CLAIR RANCH BOYNTON BEACH FL 33-				NAME			☐ Change	L) Addition
CITY-ST-ZIP TITLE				2.3	STREET	ADDRESS		☐ Change	LT ADDITION
			DELETE	2.3	STREET	• • • • • • • • • • • • • • • • • • • •		☐ Change	☐ Addition
	D	137	☐ DELETE	2.3 2.4 3.1	STREET 4 CITY-S TITLE	• • • • • • • • • • • • • • • • • • • •			
NAME	D PROUJANSKY, ALBERT N	137 I	☐ DELETE	2.3 2.4 3.1 3.2	STREET 4 CITY-S TITLE NAME	ST-ZIP			
NAME STREET ADDRESS	D	137 I RD	☐ DELETE	2.4 3.1 3.2 3.3	STREET 4 CITY-S TITLE NAME	ST-ZIP  ADDRESS			
NAME	D PROUJANSKY, ALBERT N 11500 EL CLAIR RANCH	137 I RD	☐ DELETE	23 2.4 3.1 3.2 3.3 3.4	STREET 4 CITY-S 1 TITLE NAME 5 STREET	ST-ZIP  ADDRESS			
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

**FILED** 

Feb 12 1998 8:00am

Secretary of State