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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004051

1. Corporation Name

CASA GRANDE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

11800 EL CLAIR RANCH RD
BOYNTON BEACH FL 33437

Mailing Address

11500 EL CLAIR RANCH RD
BOYNTON BEACH FL 33437

2. Principal Place of Business

c/o Lang Management Co.
5295 Town Center Rd #200
Boca Raton, FL 33486

2a. Mailing Address

5295 Town Center Rd.
Suite, Apt. #, etc. #200

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33486

Zip

33486

PROLIANSKY, ALBERT N
 11500 EL CLAIR RANCH RD
 BOYNTON BEACH FL 33437

11. Pursuant to the provisions of Sections 617.02 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0665, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when relocating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	GREENBERG, LEONARD E	1.2 NAME	Marise Rudnick
STREET ADDRESS	11500 EL CLAIR RANCH RD	1.3 STREET ADDRESS	6627 Casa Grande Way
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	D	2.1 TITLE	VP/D
NAME	KAPLAN, ALVIN	2.2 NAME	Harvey Klein
STREET ADDRESS	11500 EL CLAIR RANCH RD	2.3 STREET ADDRESS	6687 Casa Grande Way
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	2.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	D	3.1 TITLE	ST/D
NAME	PROLIANSKY, ALBERT N	3.2 NAME	Louis Rippner
STREET ADDRESS	11500 EL CLAIR RANCH RD	3.3 STREET ADDRESS	6746 Casa Grande Way
CITY-ST-ZIP	BOYNTON BEACH FL 33437	3.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE		4.1 TITLE	D
NAME		4.2 NAME	Mike Morton
STREET ADDRESS		4.3 STREET ADDRESS	6700 Casa Grande Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE		5.1 TITLE	
NAME		5.2 NAME	Sanford Rosenberg
STREET ADDRESS		5.3 STREET ADDRESS	6796 Casa Grande Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Delray Beach, FL 33446
TITLE		6.1 TITLE	P/D
NAME		6.2 NAME	Bernie Friedel
STREET ADDRESS		6.3 STREET ADDRESS	6699 Casa Grande Way
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Delray Beach, FL 33446

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/8/96 561-637-6355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #

CRZ037 (1/98)