FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 19, 2001 8:00 am DOCUMENT # N95000004051 **Secretary of State** 1. Entity Name 03-19-2001 90049 005 \*\*\*\*70.00 CASA GRANDE PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O LANG MANAGEMENT C/O LANG MANAGEMENT Grananada 5295 TOWN CTR RD 5295 TOWN CTR RD **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEPNumber 65-0645994 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ISAACSON, WILLIAM K 5295 TOWN CTR RD-Commercial #200--Zip Code ろろりを **BOCA RATON FL 33486** statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida, SIGNATUR FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change Addition STEWART ASCHER NAME KLEIN, HARVEY NAME 6627 CASA GRANDEWAY STREET ADDRESS STREET ADDRESS 6687 CASA GRANDE WAY DELRAY BEACH FL CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446** TITLE PD ☐ Delete TITLE ☐ Change Addition DR. MILTON CASTER NAME RIPPNER, LOUIS NAME 6802 CASA GRANDE WAY STREET ADDRESS STREET ADDRESS 6748 CASA GRANDE WAY DELEAY BEACH FL 33746 CITY-ST-ZIP CITY-ST-ZÎP DELRAY BEACH FL 33446 **VPD Addition** TITLE ☐ Delete TITLE JUDITH MALLOCH NAME MORTON, MIKE NAME 6735 CASA GRANDE WAY STREET ADDRESS STREET ADDRESS 6700 CASA GRANDE WAY CITY-ST-ZIP CITY-ST-ZIP BEACH PL 33446 DELRAY BEACH FL 33446 ☐ Delete TITLE ☐ Change Addition TITLE MICHELSON, ALAN NAME NAME STREET ADDRESS STREET ADDRESS 6633 CASA GRANDE WAY CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

3/8/0/ 56/-637-6007