

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90129 036 ****70.00

DOCUMENT # N95000004051

1. Entity Name

CASA GRANDE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O LANG MANAGEMENT
5295 TOWN CTR RD
BOCA RATON FL 33486**

**C/O LANG MANAGEMENT
5295 TOWN CTR RD
BOCA RATON FL 33486**

423515



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0645994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM K. ISAACSON,
21045 COMMERCIAL TRL
BOCA RATON FL 33486**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **KLEIN, HARVEY**
STREET ADDRESS **6887 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **RIPPNER, LOUIS**
STREET ADDRESS **6748 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **MORTON, MIKE**
STREET ADDRESS **6700 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **MICHELSON, ALAN**
STREET ADDRESS **6633 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☐ Change ☒ Addition
NAME **MALLOCH, JUDITH**
STREET ADDRESS **6735 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **D** ☒ Delete
NAME **ASCHER, STEWARD**
STREET ADDRESS **6627 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☐ Change ☒ Addition
NAME **ASCHER, STEWARD**
STREET ADDRESS **6627 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE **D** ☐ Delete
NAME **CASTER, MILTON DR**
STREET ADDRESS **6802 CASA GRANDE WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harvey Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)