

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004051

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** CASA GRANDE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LANG MANAGEMENT  
21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 65-0645994

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ISAACSON, WILLIAM K  
21045 COMMERCIAL TRL  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KLEIN, HARVEY  
Address: 6687 CASA GRANDE WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: S ( ) Delete  
Name: RIPPNER, LOUIS  
Address: 6748 CASA GRANDE WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP ( ) Delete  
Name: NACHMAN, LES  
Address: 6730 CASA GRANDE WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: T ( ) Delete  
Name: ANTENBERG, BRUCE  
Address: 6718 CASA GRANDE WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: CASTER, MILTON DR  
Address: 6802 CASA GRANDE WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: VON GONTEN, CAROL  
Address: 6681 CASA GRANDE WAY  
City-St-Zip: DELRAY BEACH, FL 33446

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY KLEIN

PD

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date