FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744169 (4)

1. Corporation Name

CASA GRANADA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~% MIAMI MANAGEMENT, INC.~~ ~~14600 SW 119 AVE~~ ~~MIAMI FL 33186~~ ~~US~~	~~% MIAMI MANAGEMENT, INC.~~ ~~14600 SW 119 AVE~~ ~~MIAMI FL 33186~~ US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1978
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-1982075 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o MIAMI MANAGEMENT, INC.	26 c/o MIAMI MANAGEMENT, INC.
Suite, Apt. 14275 SW 142 AVE.	Suite, Apt. 14275 SW 142 AVE.
22 MIAMI, FL 33186	27 MIAMI, FL 33186
City & State: 23	City & State: 28
Zip: 24 Country: 25 US	Zip: 29 Country: 30 US

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~TRIAY, CARLOS~~ ~~999 PONCE DE LEON BLVD.~~ ~~CORAL GABLES FL 33134~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☒ Addition
NAME	BALOFF, MATTHEW	1.2 NAME		
STREET ADDRESS	8701 S.W. 141TH ST., E2	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	33176	
TITLE	~~S~~	2.1 TITLE		☐ Change ☐ Addition
NAME	~~MORGAN, GEORGE~~	2.2 NAME		
STREET ADDRESS	~~8701 SW 141 ST #B4~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	VOLPE, SALVATORE	3.2 NAME		
STREET ADDRESS	8701 SW 141 ST #B6	3.3 STREET ADDRESS	8585 SW 148 TERR	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33158	
TITLE	VP	4.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, LYNDA	4.2 NAME		
STREET ADDRESS	8701 SW 141 ST #G4	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	33176	
TITLE	~~DT~~	5.1 TITLE	D	☒ Change ☒ Addition
NAME	SALLING, MARIA	5.2 NAME		
STREET ADDRESS	8701 S.W. 141TH ST., F6	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	33176	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	LAMIA, GEORGE	
STREET ADDRESS		6.3 STREET ADDRESS	13869 SW 101 LN	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33186	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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