FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 744169

(4)

CASA GRANADA CONDOMINIUM ASSOCIATION, INC.

Principal Plac	e of Business								
C/O MIAMI 14275 SW 1: MIAMI FL 33		C/O MIAM MANAGEMENT 14275 SW 142 AVE MIAMI FL 33186	. INC						
US		US			3. Date Incorporated or Qualified 09/05/1978		3a. Date of Last Report 03/15/1995		
Principa! Place of Business		2a. Mailing Address 26			4. FEI Number 59-1982075		Applied For Not Applicable		
Suite, Apt. #, etc.		Sulte, Apt. #, etc.	<del></del>				\$8.75 Additional		
City & State		City & State	tring "			\$5.00 May Be Added to Fees			
Zip <b>24</b>	Country 25	Z(p 29	Co.	intry	This corporation has liability for Florida Statutes	or intangible ta	x under s.		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New	Registered /	Agent		
				81 Name	DAVID SWIMMER				
TRIAY, C		82 Street Add			Address (P.O. Box Number is Not Accept	able)			
	NCE DE LEON BLVD.				8525 SW 92 Street				
COMAL	GABLES FL 33134			703	Suite B-4				
,		/		<b>84</b> City		F.	85 Zip	Code	$\dashv$
11. Pursuant	o the provisions of Sections 61 2050	2 and 617.1508. Florid Statutes	the abo	ve-named o	Miami	FL	3	3156	_
or register familiar wi	ed agent or both, in the State of Flor	ida. Such change was authorized	by the c	orporation's	orporation submits this statement for the p board of directors. I hereby accept the ap	urpose or cha pointment as	nging its re regist <b>e</b> red	egistered offici agent. I am	e
SIGNATURE		Alon 617.0003 Florida Statules.					ula	lat .	
	Signature, typed or printers a node plant of hor	nt and titud applicable. (NOTE:	Fiegistered	Agent signature r	equired when reinstating)	DATE	7 1/	70	.  _
12,		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OF		DIRECTO	RS IN 12	CR2E037 (12/95)
TITLE	PD	DELETE	1.1 (0	LE			Change	Addition	2
NAME	BALOFF, MATTHEW		1.2 NA	ME					) <u>%</u>
STREET ADDRESS	8701 S.W. 141TH ST., E2		1.3 ST	REET ADDRESS					
Crty-St-ZiP Title	MIAMI FL	Vioriere		Y-ST-ZIP					
NAME	D LANGE OFFICE	<b>X</b> ]0€lete	2.1 Trī		D		] Change	XX Addition	70
STREET ADDRESS	LAMIA, GEORGE 13869 SW 101 LN		2.2 NA		Rudy Gimenez 8701 SW 141 St. #H-				
CITY-ST-71P	MIAMI FL			REE1 ADDRESS	Miami, FL 33176	H - 1			
TITLE	D D	DELETE	2. 4 CI	TY-ST-ZIP	MIAMI, PL 33170		7.05		
NAME	VOLPE, SALVATORE		3.2 NA			L.	] Change	Addition	j
STREET ADDRESS	8585 SW 148 TERR			REET ADDRESS					
CITY-ST-ZIP	MIAMI FL			IY+\$T-ZIP					
TITLE	VP	DELETE	4.1 TIT			Г	] Change	Addition	-
NAME	stein, lynda		4. 2 NA	ME		•			1
STREET ADDRESS	8701 SW 141 ST #G4		4.3 ST	REET ADDRESS					
CITY-ST-ZIP	MIAMI FL	****	4.4 CIT	Y-ST-ZIP					ĺ
TITLE	D	<b>K</b> ]delete	5.1 T(T	LE T	ST <b>D</b>		] Change	X Addition	1
NAME	SALLING, MARIA		5.2 NA	ME.	Maria Salling			-	
STREET ADDRESS	8701 S.W. 141TH ST., F6		53 ST	EET ADDRESS	8701 SW 141 St. #:	F 6			
CITY-ST-ZIP	MIAMI FL	FM AFI PER		Y-ST-ZIP	Miami, FL 33176				
TITLE		□ DELĒ1E	6.1 7171	'	30000178		Change	Addition	
NAME SINCET ADORESS			6.2 NA		-04/16/96011	24noi	( <del>.</del>		
SIRCEA TEARING				EET ADDRESS	***81.25	ובט־ דע.	,		
CITY-ST-ZIP			6.4 CIT	/-ST-ZIP	OI * CO				

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 cath; 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 chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

raident 2. 24-9

Daytime Phone ir

(Bu