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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 744169 (4)

1. Corporation Name
CASA GRANADA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT, INC 14275 SW 142 AVE MIAMI FL 33186 US	C/O MIAMI MANAGEMENT, INC 14275 SW 142 AVE MIAMI FL 33186 US

3. Date Incorporated or Qualified: 09/05/1978

4. FEI Number: 59-1982075 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Guarantee Mgt. Service	26 Guarantee Mgt. Services
Suite, Apt. #, etc. 22 111 Fontainebleau Blvd.	Suite, Apt. #, etc. 27 111 Fontainebleau Blvd
City & State 23 Miami, FL 33172-4507	City & State 28 Miami, FL 33172-4507
Zip / Country 24 / 25	Zip / Country 29 / 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SWIMMER, DAVID L ESQ.
8525 SW 92 STREET
B-4
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: Guarantee Management Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 111 Fontainebleau Boulevard
83 ATTN: Sharman Killin, Property Manager
84 City: Miami FL 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Sharman Killin, Property Manager DATE: 2-10-98
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	☐ DELETE	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		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GIMENEZ, RUDY		2.2 NAME		
STREET ADDRESS	8701 SW 141 ST. #H-1		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VOLPE, SALVATORE		3.2 NAME		
STREET ADDRESS	8585 SW 148 TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	STEIN, LYNDA		4.2 NAME	KANTROWITZ, JACK	
STREET ADDRESS	8701 SW 141 ST #C4		4.3 STREET ADDRESS	12249 S.W. 130 Street	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33186	
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SALLING, MARIA		5.2 NAME		
STREET ADDRESS	8701 SW 141 ST. #F-6		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME			6.2 NAME	KANTROWITZ, JACK	
STREET ADDRESS			6.3 STREET ADDRESS	12249 S.W. 130 Street	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, FL 33186	

CR2E037 (10/97)

14. 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 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: Maria A. Salling 2/10/98 (305)559-4100 Ext 33
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #