## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 744169**

1. Entity Name

## CASA GRANADA CONDOMINIUM ASSOCIATION, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91478 040 \*\*\*\*61.25

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Principal Plac	e of Business	Mailing Address	k		[					
BONAFIDE MGMT GROUP 2050 CORAL WAY #515 MIAMI FL 33145 US		BONAFIDE MGMT GROUP P O BOX 521458 MIAMI FL 33152 US			) 		81841 81844 81844 81844 <b>818</b> 4	L <b>8   16  </b>   L 18   1		
2. Principal Place of Business 3100 N W 72 Avenue		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
Suite 125 City & State		City & State			4. FEI Number 59-1982075 Applied For					
Miam Fl. Zip Country		Zip Country			Not Applicable					
		ΖΙΡ	Country		5. Certificate of St		Fee Required			
	6. Name and Address of Current I	Registered Agent			7. Name and Add	ress of New Regi	stered Agent		_	
RUSSI, RICARDO BONAFIDE MGMT GROUP 2050 CORAL WAY SUITE 515 MIAM/ FL 33145			Stre	eet Address (	Hicardo Kussi  et Address (P.O. Box Number is Not Acceptable)  3100 NW /2 nd Huenue  Suite 125  Miani FL Zip Code 3:3122					
	named entity submits this statement for	the purpose of changing its	registered offi			the State of Florida				
the obligat	tions of registered agent.	<b>&gt;</b>				1				
SIGNATURE	H					41:	22/03			
SIGNATORE	Signature, typed or printed name of legistered agent a	and title if applicable. (NOTE	: Registered Agent	signature required	when reinstating)		DATE			
	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C	. 7	ing	\$5.00 May Be Added to Fees		Check Payable to Department of S			
10.	OFFICERS AND DIR		11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN		5	
TITLE	TVPD LANG, ERIKA	☐ Delete	TITLE NAME	90	ng, Erika		Change	Addition	0/0	
NAME STREET ADDRESS	8701 SW 141 ST., #K-7		STREET ADDR	RESS 8701	3W HI ST	K-7			77	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		wi F1. 331				Ę	
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition	á	
NAME	VOLPE, SALVATORE		NAME	Not	pe, Salvat	ore				
STREET ADDRESS CITY-ST-ZIP	8585 SW 148 TERR	5 5 mm = 0 mm = 0 00	CITY-ST-ZIP	\$5.55	5-5W-14827	ዊክር። ~~ ፡ ጌታሮ የ	<del></del>			
TITLE	PD	☐ Delete	TITLE	(AB)	, <b>α</b> ,		☐ Change	Addition		
NAME	SALLING, MARIA	•	NAME	Sal	ling, Mari	^ ~,				
STREET ADDRESS	8701 SW 141 ST #F-6		STREET ADOS	V 1 -		F-0			l	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		mi, Fl. 33	(16	Change	☐ Addition	1	
TITLE	SD  Marrero, Delia M	☐ Delete	TITLE NAME	TO	rrero, Del	5 AA	☐ Change	Addition		
NAME STREET ADDRESS	8701 SW 141 ., ST. #K-8		STREET ADD		1 SW 1413				Į	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		$\frac{1}{2}$ $\frac{3}{2}$ $\frac{1}{2}$ $\frac{3}{2}$					
TITLE	TD	☐ Delete	TITLE		off, Matti		☐ Change	Addition	ļ	
NAME	BALOFF, MATTHEW		NAME							
STREET ADDRESS	8701 SW 141 ST		STREET ADDR		ા રૂખ ામાં લ					
CITY-ST-ZIP	MIAMI FL 33176			M i t	em1, F. ?	3176	Change	Addition	ł	
TITLE NAME		☐ Delete	TITLE NAME				change	☐ vanimum		
STREET ADDRESS			STREET ADDI	RESS					l	

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 propowered.

**SIGNATURE:** 

WAREJAE KORYINEDIKA T. Lang

Etika F. Lang, President (305) 8579777