


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000003638</b> 1. Entity Name <b>CASA GRANDE TOWERS MASTER ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1699 CORAL WAY SUITE 302 MIAMI, FL 33145</b>	Mailing Address <b>1699 CORAL WAY SUITE 302 MIAMI, FL 33145</b>
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01252005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0992840</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, ANITA 1699 CORAL WAY, STE 302 MIAMI, FL 33145</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALMEIDA, FLORENTINO 1699 CORAL WAY SUITE 302 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RODRIGUEZ-TEJERA, ANITA TEJON 1699 CORAL WAY SUITE 302 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAPOTE, ERNESTO 1699 CORAL WAY SUITE 302 MIAMI, FL 33145
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02/14/05-80002-003 70.00

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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 empowered.

<b>SIGNATURE:</b>  <b>Anita Rodriguez</b>	Date <b>2/3/05</b>	Daytime Phone # <b>(305) 856-2547</b>
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