

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000003638**

1. Entity Name  
**CASA GRANDE TOWERS MASTER ASSOCIATION, INC.**



Principal Place of Business

1699 CORAL WAY  
SUITE 302  
MIAMI, FL 33145

Mailing Address

1699 CORAL WAY  
SUITE 302  
MIAMI, FL 33145



08072007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0992840**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANITA  
1699 CORAL WAY, STE 302  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALMEIDA, FLORENTINO
STREET ADDRESS	1699 CORAL WAY SUITE 302
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	SD
NAME	RODRIGUEZ-TEJERA, ANITA TEJON
STREET ADDRESS	1699 CORAL WAY SUITE 302
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	CAPOTE, ERNESTO
STREET ADDRESS	1699 CORAL WAY SUITE 302
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000774072  
09/14/07-80005-017 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/07

Date

305-8562547  
EXT. 109

Daytime Phone #