

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:04

DOCUMENT # 760611 (4)
1. Corporation Name
GRANADA LAKES RV RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

**6500 ALICO ROAD
NEAR CORNER OF U.S. RT. #41
FT. MYERS FL 33912** **6500 ALICO ROAD
NEAR CORNER OF U.S. RT. #41
FT. MYERS FL 33912**

2. Principal Place of Business 2a. Mailing Address

21 **6500 Alico Rd** 26 **6500 Alico Rd**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Near Corner of US Rt #41** 27 **Near Corner of US Rt #41**
City & State City & State
23 **Ft. Myers, FL** 28 **Ft Myers, FL**
Zip Country Zip Country
24 **33912** 25 **Lee** 29 **33912** 30 **Lee**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/05/1981** 3a. Date of Last Report: **04/05/1994**

4. FEI Number: **59-2262774** Applied For: Not Applicable:

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. Nonprofit with IRS 601(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**ADAMS, JOSEPH
13515 BELL TOWER DR.
SUITE 101
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature (typed or printed name of registered agent, and) file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	ALGER, CLYDE E.
STREET ADDRESS	6500 ALICO RD
CITY - ST - ZIP	FT. MYERS FL
TITLE	T
NAME	CARTER, JANE E.
STREET ADDRESS	6500 ALICO RD.
CITY - ST - ZIP	FT. MYERS FL
TITLE	VC
NAME	PAIN, GERRIT
STREET ADDRESS	BOX 684 HALIBURTON
CITY - ST - ZIP	ONT KO
TITLE	S
NAME	PEIRCE, TERRY
STREET ADDRESS	6500 ALICO RD #63
CITY - ST - ZIP	FT. MYERS FL
TITLE	D
NAME	MCVAY, JOHN
STREET ADDRESS	9103 N. UNION ST.
CITY - ST - ZIP	TECUMSEH MI
TITLE	D
NAME	DIPPEL, SR. R
STREET ADDRESS	6500 ALICO RD.
CITY - ST - ZIP	FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Marc Boucher	
13 STREET ADDRESS	6500 Alico Rd	
14 CITY - ST - ZIP	Ft Myers, FL 33912	
21 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SAME	
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Ken Groves	
33 STREET ADDRESS	6500 Alico Rd	
34 CITY - ST - ZIP	Ft. Myers, FL 33912	
41 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	SAME	
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Doyle Jones	
53 STREET ADDRESS	5914 Loblolly Ct	
54 CITY - ST - ZIP	St. Louis, Mo. 63128	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Garrit Pain	
63 STREET ADDRESS	Box 684 Haliburton	
64 CITY - ST - ZIP	ONTARIO, CANADA K0M1S0	

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 110.07(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 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: Jane E. Carter Jane E. Carter 4-4-95 1-813-267-0113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Explain Reason)

D

766611

Tom Miller

4009 Rehms Rd.

Peshigo, Wi. 54157