

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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
US

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

3. Date Incorporated or Qualified
11/05/1981

3a. Date of Last Report
04/13/1995

21 2. Principal Place of Business
7010 GRANADA LAKES DRIVE

2a. Mailing Address
7010 GRANADA LAKES DRIVE

4. FEI Number
59-2262774

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
FORT MYERS, FL.

28 City & State
FORT MYERS, FL.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip
33912

25 Country
U.S.A.

29 Zip
33912

30 Country
U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHER, MARC	12 NAME	ROGERS, RAY
STREET ADDRESS	6500 ALICO RD	13 STREET ADDRESS	7010 GRANADA LAKES DRIVE
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	T <input type="checkbox"/> DELETE	21 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JANE E.	22 NAME	MILLER, SARAH E.
STREET ADDRESS	6500 ALICO RD.	23 STREET ADDRESS	7010 GRANADA LAKES DRIVE
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	VC <input type="checkbox"/> DELETE	31 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVES, KEN	32 NAME	DAPRON, LEO
STREET ADDRESS	6500 ALICO RD	33 STREET ADDRESS	7010 GRANADA LAKES DRIVE
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEIRCE, TERRY	42 NAME	MASON, LOIS
STREET ADDRESS	6500 ALICO RD #63	43 STREET ADDRESS	7010 GRANADA LAKES DRIVE
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	FT. MYERS, FL. 33912
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	Asst. S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DOYLE	52 NAME	KOHLRIESER, LILLIAN
STREET ADDRESS	5914 LOBLOLLY CT	53 STREET ADDRESS	7010 GRANADA LAKES DRIVE
CITY-ST-ZIP	ST LOUIS MO	54 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAIN, GARRIT	62 NAME	MASON, RONALD
STREET ADDRESS	BOX 684 HALIBURTON	63 STREET ADDRESS	7010 GRANADA LAKES DRIVE
CITY-ST-ZIP	ONTARIO CA	64 CITY-ST-ZIP	FT. MYERS, FL 33912

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 119.07(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:

Sarah E. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SARAH E. MILLER

3/13/96

941-267-0709

Date

Daytime Phone #

CR2E037 (12/95)