


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90093 049 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760611**

1. Corporation Name  
**GRANADA LAKES RV RESORT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 7010 GRANADA LAKES DRIVE FT. MYERS FL 33912 US	Mailing Address 7010 GRANADA LAKES DRIVE FORT MYERS FL 33912 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/05/1981	4. FEI Number 59-2262774 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 FL 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESTLE, MATILDA	1.2 NAME	NESTLE, MATILDA
STREET ADDRESS	17154 ATWATER WAY	1.3 STREET ADDRESS	2721 CHAPMAN CT.
CITY-ST-ZIP	FT MYERS FL 33912	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, SARAH E.	2.2 NAME	ROGERS, RAYMOND
STREET ADDRESS	7010 GRANADA DRIVE	2.3 STREET ADDRESS	17175 DRAGONFLY LN.
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEPRON, LEO	3.2 NAME	POWNEY, JAMES
STREET ADDRESS	7010 GRANADA LAKES DRIVE	3.3 STREET ADDRESS	17178 FOSTORIA LN.
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS, FL. 33912
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASON, LOIS	4.2 NAME	POWNEY, MARIAN
STREET ADDRESS	7010 GRANADA LAKES DRIVE	4.3 STREET ADDRESS	17178 FOSTORIA LN.
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRIEDRICH, LARRY	5.2 NAME	BOUCHER, MARCEL
STREET ADDRESS	7057 GRANADA LAKES DR	5.3 STREET ADDRESS	17186 CASSELBERRY LN.
CITY-ST-ZIP	FT. MYERS FL 33912	5.4 CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	ASST.S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	MASON, LOIS
STREET ADDRESS		6.3 STREET ADDRESS	17191 DRAGONFLY LN.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FORT MYERS, FL 33912

14. 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 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, with all other like empowered.

SIGNATURE: Sarah E. Miller, Treasurer 4-8-99 941-267-0709  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0060395  
CR2E037 (1/198)