

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90062 034 ****61.25

DOCUMENT # 760611

1. Entity Name

GRANADA LAKES RV RESORT CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

7010 GRANADA LAKES DRIVE
 FT. MYERS FL 33912
 US

7010 GRANADA LAKES DRIVE
 FORT MYERS FL 33912-6026
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2262774

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **NESTLE, MATILDA**
 STREET ADDRESS **2721 CHAPMAN CT.**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **D** Change Addition
 NAME **Cox, Jack**
 STREET ADDRESS **7029 Granada Lakes Dr.**
 CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **T** Delete
 NAME **MILLER, SARAH E.**
 STREET ADDRESS **7010 GRANADA DRIVE**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **AT** Change Addition
 NAME **Smith, Edith**
 STREET ADDRESS **7042 Granada Lakes Dr.**
 CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **D** Delete
 NAME **POWNEY, JAMES**
 STREET ADDRESS **17178 POSTORIA LN**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **D** Change Addition
 NAME **Walker, Dale**
 STREET ADDRESS **17151 Atwater Way**
 CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **S** Delete
 NAME **POWNEY, MARIAN**
 STREET ADDRESS **17178 FOSTORIA LN.**
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D** Change Addition
 NAME **Rogers, Raymond**
 STREET ADDRESS **17175 Dragonfly Ln.**
 CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **D** Delete
 NAME **DOUCHER, MARCEL**
 STREET ADDRESS **17186 CASSELBERRY LN.**
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D** Change Addition
 NAME **Boucher,**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** Delete
 NAME **MASON, LOIS**
 STREET ADDRESS **17191 DRAGONFLY LN.**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: *Sarah E. Miller*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer 94D 267 0709
 3/8/00 Daytime Phone #

CR2E037 (9/99)