

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90374 029 ****61.25

DOCUMENT # 760611

1. Entity 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**

40051000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006 Chg-NP CR2E037 (11/05)

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
14241 METROPOLIS AVE
SUITE 100
FT MYERS, FL 33912-0000**

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. 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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **WALKER, DALE**
STREET ADDRESS **17151 ATWATER WAY**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MATAYABAS, EDITH**
STREET ADDRESS **7042 GRANADA LAKES DRIVE**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HUCKABY, DALE**
STREET ADDRESS **7062 ARMADILLO WAY**
CITY-ST-ZIP **FT MYERS, FL 33912**
CORRECTION SPELLING

TITLE **D** ☐ Change ☒ Addition
NAME **CARLSON, JERRY**
STREET ADDRESS **17161 CASSELBERRY LANE**
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 **PIERCE, DENNIS**
STREET ADDRESS **17191 FOSTORIA LANE**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **D** ☐ Delete
NAME **WELLS, CLIFF**
STREET ADDRESS **7037 ARMADILLO WAY**
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **REINHARDT, FLOYD**
STREET ADDRESS **17153 CASSELBERRY LANE**
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 exemptions contained in Chapter 119, 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:

Edith E. Matayabas **Edith E. Matayabas** **4/13/06** **239-267-9529**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #