

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 # **N02725 (2)**

1. Corporation Name
GRANADA VILLAS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 237 HUNT CLUB BLVD #201 LONGWOOD FL 32779 US
Mailing Address: 155 Sabal Palm Drive SUITE 201 LONGWOOD FL 32779 US

3. Date Incorporated or Qualified: **04/25/1984**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-2889621**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 2180 WEST SR 434 22 5000 23 LONGWOOD FL 24 32779 USA
2a. Mailing Address: 26 2180 WEST SR 434 27 5000 28 LONGWOOD FL 29 32779 30 USA

9. Name and Address of Current Registered Agent
VINCENT, P.
237 HUNT CLUB BLVD #201 LONGWOOD FL 32779
155 Sabal Palm Drive

10. Name and Address of New Registered Agent
81 Name: **JAMES W HART JR**
82 Street Address (P.O. Box Number is Not Acceptable): **SENTRY MANAGEMENT INC**
83 **2180 WEST SR 434 SUITE 5000**
84 City: **LONGWOOD** 85 Zip Code: **FL 32779**

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]* Agent DATE: **4/1/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TISCHLER, JOHN	
STREET ADDRESS	8117 IBIZA COURT, N.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JAMES	
STREET ADDRESS	8209 ALCOA COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PICKERT, JAMES	
STREET ADDRESS	8127 VILLA DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, JANET	
STREET ADDRESS	8051 CADIZ COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHN, DORIE	
STREET ADDRESS	8037 MADERIA COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Smith	
1.3 STREET ADDRESS	8209 Alcoa Court	
1.4 CITY-ST-ZIP	Orlando, FL 32836	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gilbert Edwards	
2.3 STREET ADDRESS	8251 Burgos Court, Orlando, FL	
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Tischler	
3.3 STREET ADDRESS	8117 Ibiza Ct.N., Orlando, FL	
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Adrian Gilbert	
4.3 STREET ADDRESS	8059 Marcella Dr., Orlando, FL	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Janet Scott	
5.3 STREET ADDRESS	8051 Cadiz Ct. N., Orlando, FL	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* DATE: **3/20/96** 407-352-0761

CR2E037 (12/95)