

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90102 031 ****61.25

DOCUMENT # N04000009990

1. Entity Name
GRANADA ESTATES HOA, INC.



Principal Place of Business
11981 SW 144 CT
SUITE #201
MIAMI, FL 33186

Mailing Address
11981 SW 144 CT
SUITE #201
MIAMI, FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042006

Chg-NP

CR2E037 (11/05)

4. FEI Number
06-1716611

Applied For
Not Applicable

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

DRODY, LANI KAHN
80 SW 8TH STREET SUITE 1870
MIAMI, FL 33130

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 reinstating)

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 DP ☒ Delete
NAME DRODY, LANI KAHN
STREET ADDRESS 80 SW 8TH STREET SUITE 1870
CITY-ST-ZIP MIAMI, FL 33130

TITLE P. ☐ Change ☐ Addition
NAME S. Lauren Kahn
STREET ADDRESS 80 SW 8th St #1870
CITY-ST-ZIP Miami, FL 33130

TITLE DV ☐ Delete
NAME SMITH, MICHAEL D
STREET ADDRESS 80 SW 8TH STREET SUITE 1870
CITY-ST-ZIP MIAMI, FL 33130

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

TITLE DS ☐ Delete
NAME SERRATS, SUSAN
STREET ADDRESS 80 SW 8TH STREET SUITE 1870
CITY-ST-ZIP MIAMI, FL 33130

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #