

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 15 AM 10:55

DOCUMENT # **N11813 (5)**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**GRANADA A-6, LEISURE LANE, W.  
P.O. BOX 6147  
NALCREST FL 33856-6147  
US**

3. Date Incorporated or Qualified **10/30/1985** 3a. Date of Last Report **03/11/1994**  
4. FEI Number **59-2877802** Applied For  Not Applicable

2. Principal Place of Business 2b. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MARION FOWLER  
GRANADA A-6, W. LEISURE LANE  
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent  
81 Name **SAME**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>HORNE, PAULINE M.</b>
STREET ADDRESS	<b>GRANADA E-1, W. LEISURE LANE</b>
CITY-ST-ZIP	<b>NALCREST FL</b>
TITLE	<b>D</b>
NAME	<b>OWENS, CHARLES</b>
STREET ADDRESS	<b>GRANADA E-3, W. LEISURE LANE</b>
CITY-ST-ZIP	<b>NALCREST FL</b>
TITLE	<b>D</b>
NAME	<b>RAND, KEITH</b>
STREET ADDRESS	<b>28 BREEZE HILL</b>
CITY-ST-ZIP	<b>LAKE WALES FL</b>
TITLE	<b>VPD</b>
NAME	<b>MCLAUGHLIN, CLARA</b>
STREET ADDRESS	<b>GRANADA C-4, W. LEISURE LANE</b>
CITY-ST-ZIP	<b>NALCREST FL</b>
TITLE	<b>T</b>
NAME	<b>FOWLER, MARION</b>
STREET ADDRESS	<b>GRANADA A-6, W. LEISURE LANE</b>
CITY-ST-ZIP	<b>NALCREST FL</b>
TITLE	<b>D</b>
NAME	<b>FOWLER, HERBERT W.</b>
STREET ADDRESS	<b>GRANADA A-6, W. LEISURE LANE</b>
CITY-ST-ZIP	<b>NALCREST FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VPD FOLEY, WILLIAM</b>
3.3 STREET ADDRESS	<b>GRANADA B-3, W. LEISURE LANE</b>
3.4 CITY-ST-ZIP	<b>NALCREST FL 33856</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>SAME</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marion J. Fowler 3-10-95 813-696-7028  
SIGNATURE AND FEI NO. OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State

Granada Homeowner's Assn.  
West Leisure Lane  
P.O. Box 6147  
Nalcrest, (Lake Wales) Florida 33856

OPERATING REPORT  
1-1-94 thru 12-31-94

Balance forward 1-1-94	\$ 2,194.55
Income:	7,956.00
	<hr/>
	\$ 10,150.55

Expenses:

Pool Service	\$ 2,294.18
Lawn Service	997.00
Electric	680.76
Water	205.56
Insurance	2,576.56
Annual Report	200.00
Taxes	12.06
Legal fees	519.00
Miscellaneous	243.67
	<hr/>

- 7,728.79

Closing balance 12-31-94	\$ 2,421.76
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Respectfully submitted,

Marion J. Fowler,  
Marion J. Fowler, Treasurer