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Mailed 4/29/96

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N11813 (5)
 1. Corporation Name
GRANADA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business GRANADA A-6 LEISURE LANE. W. P.O. BOX 6147 NALCREST FL 33856-6147 US	Mailing Address GRANADA A-6 LEISURE LN. W. P.O. BOX 6147 NALCREST FL 33856-6147 US
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3. Date Incorporated or Qualified 10/30/1985	3a. Date of Last Report 03/15/1995
4. FEI Number 59-2877802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

MARION FOWLER *LUTHER WAGNER*
 GRANADA A-6, W. LEISURE LANE
 LAKE WALES FL 33853
 FEDHAVEN, FL 33854

10. Name and Address of New Registered Agent

81 Name **LUTHER WAGNER**
 82 Street Address (P.O. Box Number is Not Acceptable)
GRANADA 2, W. LEISURE LN
 83
 84 City **FEDHAVEN** FL 85 Zip Code **33854**

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 **LUTHER WAGNER** *Luther Wagner* 4/28/96
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required upon reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HORNE, PAULINE M.	
STREET ADDRESS	GRANADA E-1, W. LEISURE LANE	
CITY-ST-ZIP	NALCREST FL 33856	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OWENS, CHARLES	
STREET ADDRESS	GRANADA E-3, W. LEISURE LANE	
CITY-ST-ZIP	NALCREST FL 33856	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FOLEY, WILLIAM	
STREET ADDRESS	GRANADA B-3, W. LEISURE LANE	
CITY-ST-ZIP	NALCREST FL 33856	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, CLARA	
STREET ADDRESS	GRANADA C-4, W. LEISURE LANE	
CITY-ST-ZIP	NALCREST FL 33856	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, MARION	
STREET ADDRESS	GRANADA A-6, W. LEISURE LANE	
CITY-ST-ZIP	NALCREST FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, HERBERT W.	
STREET ADDRESS	GRANADA A-6, W. LEISURE LANE	
CITY-ST-ZIP	NALCREST FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LUTHER WAGNER
5.3 STREET ADDRESS	GRANADA 2 W. LEISURE LN.
5.4 CITY-ST-ZIP	FEDHAVEN, FL 33854
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOSEPH MCTIERNAN
6.3 STREET ADDRESS	GRANADA H1 W. LEISURE LN.
6.4 CITY-ST-ZIP	NALCREST, FL. 33856

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: *L. Luther Wagner* 4/28/96 941-696-1120
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)