

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N11813 (5)

1. Corporation Name
GRANADA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business GRANADA A-Z, 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
---	--

3. Date Incorporated or Qualified 10/30/1985	3a. Date of Last Report 06/19/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26 A-2	4. FEI Number 59-2877802	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WAGNER, LUTHER GRANADA A-Z, LEISURE LANE, W. FEDHAVEN FL 33854		10. Name and Address of New Registered Agent	
61 Name		62 Street Address (P.O. Box Number is Not Acceptable)	
63		64 City	
		FL	65 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, PAULINE M.	1.2 NAME	
STREET ADDRESS	GRANADA E-1, W. LEISURE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NALCREST FL 33856	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWENS, CHARLES	2.2 NAME	
STREET ADDRESS	GRANADA E-3, W. LEISURE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NALCREST FL 33856	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLEY, WILLIAM	3.2 NAME	
STREET ADDRESS	GRANADA B-3, W. LEISURE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NALCREST FL 33856	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, CLARA	4.2 NAME	
STREET ADDRESS	GRANADA C-4, W. LEISURE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NALCREST FL 33856	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, LUTHER	5.2 NAME	
STREET ADDRESS	GRANADA A-Z, LEISURE LANE, W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FEDHAVEN FL 33854	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCTIERNAN, JOSEPH	6.2 NAME	
STREET ADDRESS	GRANADA H-1, LEISURE LANE, W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NALCREST FL 33856-6147	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **H. Luther Wagner** 1/8/97 946-696-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)