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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11813

1. Corporation Name  
GRANADA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business  
GRANADA A2 LEISURE LN W  
P.O. BOX 6147  
NALCREST FL 33856-6147  
US

Mailing Address  
GRANADA A2 LEISURE LN W  
P.O. BOX 6147  
NALCREST FL 33856-3147  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 GRANADA D5 W LEISURE L		26 GRANADA HOMEOWNERS' ASSN		10/30/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 PO BOX 6147		27 PO BOX 6147		59-2877802	
City & State		City & State		Applied For	
23 NALCREST, FL 33856-6147		28 NALCREST, FL 33856-6147		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
Country		Country		\$8.75 Additional Fee Required	
24 US		30 US		6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WAGNER, LUTHER 1332 GRANADA CT LAKE WALES FL 33853				81 Name			
				HARRY McDANIEL			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				1305 GRANADA CT.			
				83			
				LAKE WALES, FL 33853			
				84 City			
				FL			
				85 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 HARRY N. MCDANIEL TREASURER HARRY N. MCDANIEL 2-23-99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOEDKEN, SUSAN			1.2 NAME	LAURENCE RUMFORD		
STREET ADDRESS	1334 GRANADA CT			1.3 STREET ADDRESS	1324 GRANADA CT.		
CITY-ST-ZIP	LAKE WALES FL 33853			1.4 CITY-ST-ZIP	LAKE WALES, FL 33853		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VDP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OWENS, CHARLES			2.2 NAME	JACK RIDDLE		
STREET ADDRESS	1453 GRANADA CT			2.3 STREET ADDRESS	1304 GRANADA CT		
CITY-ST-ZIP	LAKE WALES FL 33853			2.4 CITY-ST-ZIP	LAKE WALES FL 33853		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	VDP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WAGNER, LUTHER			3.2 NAME	LUTHER WAGNER		
STREET ADDRESS	1332 GRANADA CT			3.3 STREET ADDRESS	1332 GRANADA CT		
CITY-ST-ZIP	LAKE WALES FL 3385			3.4 CITY-ST-ZIP	LAKE WALES, FL 33853		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AYRES, EDNA			4.2 NAME	PAUL ARNETT		
STREET ADDRESS	1582 GRANADA CT			4.3 STREET ADDRESS	1576 GRANADA CT		
CITY-ST-ZIP	LAKE WALES FL 3385			4.4 CITY-ST-ZIP	LAKE WALES, FL 33853		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	HARRY McDANIEL		
STREET ADDRESS				5.3 STREET ADDRESS	1305 GRANADA CT		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	LAKE WALES, FL 33853		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: HARRY N. MCDANIEL HARRY MCDANIEL 2-23-99 941-696-4489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)