2002 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 22, 2002 8:00 am Secretary of State **DOCUMENT # N11813** 1. Entity Name GRANADA HOMEOWNERS' ASSOCIATION, INC. 04-22-2002 90174 002 ****61.25 Principal Place of Business Mailing Address GRANADA A2 LEISURE LN W P.O. BOX 6147 P.O. BOX 6147 NALCREST FL 33856-3147 NALCREST FL 33856-6147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-2877802 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDANIEL, HARRY Street Address (P.O. Box Number is Not Acceptable) 1305 GRANADA CT LAKE WALES FL 33858 33898 City 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Make Check Payable to Trust Fund Contribution, Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE X Change ☐ Addition RUMFORD, LAURENCE NAME 1324 GRANADA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 38858 CITY-ST-ZIP 33898 TITLE Delete TITLE SD ☐ Change X Addition RIDDLE, JACK NAME NAME Song Chea 1304 GRANADA CT STREET ADDRESS STREET ADDRESS 1586 Granada Court CITY-ST-ZIP LAKE WALES FL 33850 CITY-ST-ZIP Lake Wales, FL 33898 vn TITLE ☐ Delete TITLE Change ☐ Addition GRABER, JOHN NAME NAME 1585 GRANADA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIE LAKE WALES FL 33859-CITY-ST-ZIP 33898 SD TITLE ☐ Delete TITI F V D Change ☐ Addition ARNETT, PAUL NAME NAME 1576 GRANADA CT STREET ADDRESS STREET ADDRESS LAKE WALES FL 3385 CITY-ST-ZIP CITY-ST-ZIP 33898 TD TITLE Delete TITLE Change ☐ Addition MCDANIEL, HARRY NAME NAME 1305 GRANADA CT STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

LAKE WALES FL 33853.

☐ Delete

DIREDHARRY MCDANING 4-10-02

33898

☐ Change

Addition