

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N24106 (9)**

1. Corporation Name
GRANADA VI OWNERS' ASSOCIATION, INC.



Principal Place of Business: **GRANDA F-5, W. LEISURE LANE (33853) P.O. BOX 6384 NALCREST LAKE WALES FL 33856-3384**
Mailing Address: **GRANDA F-5, W. LEISURE LANE (33853) P.O. BOX 6384 NALCREST LAKE WALES FL 33856-3384**

3. Date Incorporated or Qualified: **12/28/1987**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **59-2877806**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRAPANESE, MARY E.
GRANADA F-5 W LESURE LANE
LAKE WALES FL 33853**

81 Name: **TRAPANESE JOHN L.**
82 Street Address (P.O. Box Number is Not Acceptable): **GRANADA F-5 WILEASURE LANE**
84 City: **LAKE WALES** FL 85 Zip Code: **33853**

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: **TRAPANESE JOHN L.** PRES AND STD
Signature, typed or printed name of registered agent and street address: (NOTE: Registered Agent's signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRAPANESE, JOHN	
STREET ADDRESS	GRANADA F-5 W LESIRUE LN	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SEARS, INEZ M.	
STREET ADDRESS	GRANDA F-1 W LEISURE LN	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	TRAPANESE, MARY E.	
STREET ADDRESS	GRANADA F-5 W LEISURE LN	
CITY - ST - ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	TRAPANESE JOHN L.
3.3 STREET ADDRESS	GRANADA F-5 W LEISURE LANE
3.4 CITY - ST - ZIP	LAKE WALES FL
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 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 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: **JOHN L. TRAPANESE** 1/17/96 941-696-3753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)