


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

REGISTRATION
RE

 FLORIDA DEPARTMENT OF STATE
 Governor B. North
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 OCT 31 PM 2:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N24106**
 1. Corporation Name
GRANADA VI OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
~~GRANADA F-5 W. LEISURE LANE (33853)~~ ~~GRANADA F-5 W. LEISURE LANE (33853)~~
~~P.O. BOX 6884 NALCREST~~ ~~P.O. BOX 6884 NALCREST~~
~~LAKE WALES FL 33856-3384~~ ~~LAKE WALES FL 33856-3384~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/28/1987	
Suite, Apt. #, etc. 1465 GRANADA CT		Suite, Apt. #, etc. 1465 GRANADA CT		5. FEI Number 59-2877806	
City & State LAKE WALES		City & State LAKE WALES		Applied For Not Applicable	
Zip 33853		Zip 33853		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Country FLORIDA		Country FLORIDA			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	TRAPANESE, JOHN	GRANADA F-5 W LESIRUE LN 1465	LAKE WALES FL
VD	SEARS, INEZ M.	GRANDA F-1 W LEISURE LN	LAKE WALES FL
STD	TRAPANESE, JOHN L.	GRANADA F-5 W. LEISURE LANE	LAKE WALES FL
PD	TRAPANESE JOHN	1465 GRANADA CT	LAKE WALES
VD	ROBERT COLE	1462 GRANADA CT	"
STD	TRAPANESE MORRIE	1465 GRANADA CT	"

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TRAPANESE, JOHN L. GRANADA F-5 W LEISURE LANE 1465 GRANADA CT LAKE WALES FL 33853		Name 300002337773--9 Street Address (P.O. Box Number is Not Acceptable) 11704 97-01068-007 *****51.25 *****51.25	
		Suite, Apt. #, Etc.	
		City	
		State FL	
		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *John L. Trapanese* Date: **10/28/97**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *John L. Trapanese* Date: **10/28/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2040 (8/97)

10 28. 97

To Hon H May Concern

Received a form to
claf in regards to Dissolution
or Revocation from your
office.

The form and check
was mailed out to you
in January. We Couldn't
understand why it was
not cashed.

Kind enclosed a
zerox Copy of each
and a need check to
cover the \$61.25.

(over)