

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763117** (9)
1. Corporation Name
GRANADA PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 720 CORAL WAY CORAL GABLES FL 33134	Mailing Address 720 CORAL WAY CORAL GABLES FL 33134
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3. Date Incorporated or Qualified 05/04/1982	
4. FEI Number 59-2215885	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent PENNY NEISLER 720 CORAL WAY SUITE 130 CORAL GABLES FL 33134	
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10. Name and Address of New Registered Agent 81 Name ULISES ISALGUE M.O. 82 Street Address (P.O. Box Number is Not Acceptable) 720 CORAL WAY 83 SUITE 5E 84 City CORAL GABLES FL 85 Zip Code 33134	
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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 Ulises Isalgue M.O. PRESIDENT DATE 03/10/98 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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12. OFFICERS AND DIRECTORS	
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	REISLER, PENNY S.
STREET ADDRESS	720 CORAL WAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	STIEFEL, HERBERT
STREET ADDRESS	720 CORAL WAY 10 A & B
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WEBMAN, HAROLD DR.
STREET ADDRESS	720 CORAL WAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	* PRES. <input type="checkbox"/> DELETE
NAME	ISALGUE, ULISES DR
STREET ADDRESS	720 CORAL WAY
CITY - ST - ZIP	CORAL GABLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BULLEN, GENARINA
STREET ADDRESS	720 CORAL WAY
CITY - ST - ZIP	CORAL GABLES FL
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 checked="" type="checkbox"/> Addition
1.2 NAME	TREAS. D
1.3 STREET ADDRESS	ALVARO CORTES
1.4 CITY - ST - ZIP	720 CORAL WAY CORAL GABLES FL.
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SEC. ALBERTO LARCADA
2.3 STREET ADDRESS	720 CORAL WAY
2.4 CITY - ST - ZIP	CORAL GABLES FL.
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VITROS. D
3.3 STREET ADDRESS	FRANK TORRES
3.4 CITY - ST - ZIP	720 CORAL WAY CORAL GABLES FL.
4.1 TITLE	<input checked="" 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 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: Herbert Stiefel HERBERT STIEFEL 05-FEB 98 443-3800
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CR2E037 (10/97)