

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 763117

1. Entity Name
GRANADA PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**720 CORAL WAY
CORAL GABLES, FL 33134**

Mailing Address
**720 CORAL WAY
SUITE G-1
CORAL GABLES, FL 33134**

DO NOT WRITE IN THIS SPACE

05052005 No Chg-NP CR2EQ37 (10/03)

4. FEI Number
59-2215885

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ISALGUE, ULISES M
720 CORAL WAY
SUITE 5E
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ulises Isalgue
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

5/03/05

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000365198
05/09/05-80029-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ALFANO, JOSEPH
720 CORAL WAY
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
TORRES, FRANK
720 CORAL WAY
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
ISALGUE, ULISES
720 CORAL WAY
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VTD
LARCADA, ALBERTO
720 CORAL WAY
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
HERRERA, PROCOPIO
720 CORAL WAY
CORAL GABLES, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 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.

SIGNATURE:

Ulises Isalgue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

5/03/05

305-444-2302