

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90013 013 \*\*\*\*61.25

**DOCUMENT # 713077**

1. Entity Name

GRANADA CONDOMINIUM APTS. INC.



Principal Place of Business

9341 E BAY HARBOR DRIVE  
BAY HARBOR ISLANDS FL 33154

Mailing Address

9341 E BAY HARBOR DRIVE  
BAY HARBOR ISLANDS FL 33154



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E037 (4/06)

Zip

Country

Zip

Country

4. FEI Number

59-1227092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & POLIAKOFF, P.A./ROSA M DE LA CAMARA  
5201 BLUE LAGOON DR, SUITE 100  
MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME SHABAN, ZOHAI  
STREET ADDRESS 9341 E. BAY HARBOR DR.  
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE ST ☐ Delete  
NAME GILMORE, BRIAN  
STREET ADDRESS 9341 E. BAY HARBOR DR.  
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE T ☐ Delete  
NAME COHEN, ELI  
STREET ADDRESS 9341 E. BAY HARBOR DR.  
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *President*  
STREET ADDRESS *Gilmore Brian*  
CITY-ST-ZIP *9341 E. Bay Harbor Dr. #6C*  
*Bay Harbor Is., FL 33154*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *Vice-President*  
STREET ADDRESS *Camila Bermangu*  
CITY-ST-ZIP *9341 E. Bay Harbor Dr. #6B*  
*Bay Harbor Is., FL 33154*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Brian S. Gilmore, President 8-4-06 305-861-6521*