


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90475 003 ****61.25

DOCUMENT # 760590 1. Entity Name GRANADA PLAZA CONDOMINIUM OWNERS ASSOCIATION, INC.		
Principal Place of Business 2311 N FED HWY STUART, FL 34994	Mailing Address 2311 N FED HWY STUART, FL 34994	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WRIGHT, ELIZABETH 2327 NW FED HWY STUART, FL 34994		
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT, ELIZABETH 2319 NW FEDERAL HWY STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DEVIVO, PAT 2321 NW FED. HWY. STUART, FL 34994	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REYNOLDS, MITZ Jarred Fenlason 2311 N FEDERAL HWY 2755 NW Federal STUART, FL 34994 Hwy	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u>Elizabeth Wright</u> ELIZABETH WRIGHT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> DIRECTOR 04-26-04 772-642-4622 <small>Date Daytime Phone #</small>		

54053962



04202004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-2565581	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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