

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 Mailing Address
2311 N FED HWY 2311 N FED HWY
STUART, FL 34994 STUART, FL 34994

54053962



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04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2565581 Not Applicable

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

6. Name and Address of Current Registered Agent
WRIGHT, ELIZABETH
2327 NW FED HWY
STUART, FL 34994

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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, MITZI Jarred Fenlson 2311 N FEDERAL HWY 2755 NW Federal Hwy STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Elizabeth Wright ELIZABETH WRIGHT 04-26-04 772-642-4622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Daytime Phone #