## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#760611**

FILED Mar 05, 2009 Secretary of State

Entity Name: GRANADA LAKES RV RESORT CONDOMINIUM ASSOCIATION, INC.

	rincipal Place o	of Business:	New Principal Plac	New Principal Place of Business:	
	NADA LAKES D S, FL 33912	ORIVE US	7010 GRANADA LA FT. MYERS, FL 339		
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
7010 GRANADA LAKES DRIVE FORT MYERS, FL 33912 US				7010 GRANADA LAKES DRIVE FORT MYERS, FL 33967 US	
El Number	: 59-2262774	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of Cu	ırrent Registered Agent:	Name and Address	s of New Registered Agent:	
SUITE 100 FT MYERS	TROPOLIS AVE ) S, FL 33912000	0 US			
	e named entity su e of Florida.	ibmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATU		O: 1 5D : 1			
SELCER		Signature of Registered Age		Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
	S AND DIRECT	UKS:			
itle: lame: lddress: City-St-Zip:	D () E PIERCE, DENNIS 17191 FOSTORIA FT MYERS, FL 3	A LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
ītle: lame: lddress:	T () E MATAYABAS, ED 7042 GRANADA I FT MYERS, FL 3	LAKES DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:		) alata	Title:	( ) <b>5</b> 1	
itle: lame: lddress:	D () E HUCKABY, DALE 7062 ARMADILLO FT MYERS, FL 3	E O WAY	Name: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
City-St-Zip:  Title: Jame: Address: City-St-Zip:  Title: Jame: Address: City-St-Zip:	HUCKABY, DALE 7062 ARMADILLO FT MYERS, FL 3	E O WAY 33967 Delete ERRY LANE	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
itle: lame: kddress: City-St-Zip: itle: lame: kddress:	HUCKABY, DALE 7062 ARMADILLO FT MYERS, FL 3 D () E GAGNE, ALCIDE 17162 CASSELB FT MYERS, FL 3	E O WAY 33967 Delete ERRY LANE 33967 Delete	Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDITH E. MATAYABAS TREA 03/05/2009