

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760804

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** GRANADA WOODS HOME OWNERS ASSOCIATION, INCORPORATED.

**Current Principal Place of Business:**

665 DEL RIO ST  
ORLANDO, FL 32839

**New Principal Place of Business:**

4692 POSADA DRIVE  
ORLANDO, FL 32839

**Current Mailing Address:**

665 DEL RIO ST  
ORLANDO, FL 32839

**New Mailing Address:**

4692 POSADA DRIVE  
ORLANDO, FL 32839

**FEI Number:** 59-2236582

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRKPATRICK, BARBARA J  
665 DEL RIO ST  
ORLANDO, FL 32839 US

**Name and Address of New Registered Agent:**

SAMSON, HOLLY  
4692 POSADA DRIVE  
ORLANDO, FL 32839 US

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.

SIGNATURE: HOLLY SAMSON

01/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: JIM WORTHEN,  
Address: 4655 CASA GRANDE COURT  
City-St-Zip: EDGEWOOD, FL 32839

Title: TD ( ) Delete  
Name: KIRKPATRICK, BARBARA J  
Address: 665 DEL RIO ST  
City-St-Zip: EDGEWOOD, FL 32839

Title: SD ( ) Delete  
Name: HAMMOND, SALLY M  
Address: 4687 COST BRAVO  
City-St-Zip: EDGEWOOD, FL 32839

Title: PD ( ) Delete  
Name: SAMSON, HOLLY  
Address: 4692 PASADA DR  
City-St-Zip: ORLANDO, FL 32839

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HOLLY SAMSON

PD

01/05/2009

Electronic Signature of Signing Officer or Director

Date