## 2007 NOT-FOR-PROFIT\_CORPORATION ANNUAL REPORT



DOCUMENT # 760928  1. Entity Name BAY LAKES AT GRANADA HOMEOWNERS' ASSOCIATION,INC					1-31-2007 90047 032 ***:	*61.25	
Principal Place of Business 8043 HOOK CIRCLE P O BOX 690284 ORLANDO, FL 32869-7284 US		Mailing Address 8043 HOOK CIRCLE P O BOX 690284 ORLANDO, FL 32869-7284 US		40007		1400 14 101)	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt, #, etc.		01102007 Ch	g-NP CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59-215525	<del></del>	opplied For lot Applicable	
Zip	Country	32869-0284	Country	5. Certificate of Sta	atus Desired See Requir		
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered Agent		
CHARLES E CAMUEI			Name	Name			
CHARLES E. SAMUEL 8043 HOOK CIRCLE ORLANDO, FL 32836			Street Addre	ess (P.O. Box Number is N	(P.O. Box Number is Not Acceptable)		
	;.		City		FL   Zip Co	de	
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registered office or reg	gistered agent, or both, in t	he State of Florida. I am familiar with	n, and accept	
SIGNATURE .	Signature, typed of pripted name of registered agen						
	Signature, types of project fame of registeres agen	and title # applicable. (NOTE	: Registered Agent signature re	equired when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007		npaign Financing	\$5.00 May Be Added to Fees	Make check payable Florida Department of S		
10.	Filing Fee Is \$61.25	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make check payable	State	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DI STD SAMUEL ED, C. 8043 HOOK CIRCLE ORLANDO, FL 32836	9. Election Can Trust Fund C IRECTORS	npaign Financing Contribution.   11.  IIILE NAME SIREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make check payable Florida Department of 8 S TO OFFICERS AND DIRECTORS I	State N 10 Addition	
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r nereoy certify that the information supplied with this filling does not quality 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: (