


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 760928 1. Entity Name BAY LAKES AT GRANADA HOMEOWNERS' ASSOCIATION, INC	
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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 32869-0284 US
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01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2155255	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHARLES E. SAMUEL
8043 HOOK CIRCLE
ORLANDO, FL 32836**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000783535
01/16/08-80018-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAMUEL ED, C. 8043 HOOK CIRCLE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLENIX, CATHY 8030 CALABRIA CT ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, MIKE 8415 PAJARO COURT ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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:

Charles E. Samuel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
1/10/2008

Date

467 876-0432
Daytime Phone #