2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver or the changed, or on an attachment with a

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # 763203** 1. Entity Name LA GRANADA CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 500 GRANADA AVE VENICE FL 34285 1224 RIDGEWOOD AVE VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) 4. FEI Number Applied For City & State City & State 59-2639143 Not Applicable Ζip Zip Country **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **STEWARTS** Street Address (P.O. Box Number is Not Acceptable) ATT SANDRA R MAC INTYRE 1224 RIDGEWOOD AVE VENICE FL 34292-1939 3. 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 ulfe if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTO 11. ŒΤΩ ☐ Delete Change ☐ Addition MILÉ TITLE NOVAK, GREG NAME NAME 813 SERATA ST. SIREET ADDRESS STREET ADDRESS VENICE FL 34285 CITY-ST-ZIP CITY-ST-76P Delete nne Change ☐ Addition tittt WACHTER, NAN NAME NAME 500 GRANADA AVE. #102 STREET ADDRESS STREET ADDRESS VENICE FL 34285 CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 11111 U00000355528 CASTIGLIEGO, NIČK NAME NAME 05/03/05-80150-017 61.25 6 FREEBORN RD. STREET ADDRESS STREET ADDRESS BRISTOL RI 02809 CITY-ST-ZIP CITY-ST-ZIP ☐ Change T Addition THE ☐ Delete HH NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition HILE ☐ Delete HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete fritt ☐ Change Addition | TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CBY-ST-71P 12. I hereby certify that the information suppried with this filling 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 gruttee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

941-266-0621