2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State **DOCUMENT # 763203** 05-05-2006 90194 041 ****61.25 1. Entity Name LA ĞRANADA CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 500 GRANADA AVE VENICE FL 34285 US 1224 RIDGEWOOD AVE VENICE FL 34292 3. Mailing Address 2. Principal Place of Business CR2E037 (10/05) Suite, Apt. #, etc 1st MOORE Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 59-2639143 Not Apol cable \$8.75 Additional Country 5. Certificate of Status Desired Country 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **STEWARTS** ATT SANDRA R MAC INTYRE 1224 RIDGEWOOD AVE VENICE FL 34292-1939 Zip Code City 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 where remotating, Signature: typed or preced name of registered agent and title if approache Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Added to Fees Trust Fund Contribution Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. □ Change Addition TITLE ☐ Delete PTD TITLE NAME NOVAK, GREG NAME STREET ADDRESS 813 SERATA ST. STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 "ITY - ST - ZIP 🔀 Addition ☐ Change hite Delete III) F GOSS CLAYTON 500 GRAYADA AVE. #102 NAME WACHTER, NAN NAME STREET ADDRESS 500 GRANADA AVE. #102 STREET ADDRESS CITY - ST - ZIP VENICE VENICE FL 34285 CITY-ST-ZIP Charge Addition TITLE Delete TITLE CASTIGLIEGO, NICK NAME STREET ADDRESS 6 FREEBORN RD. STREET ADDRESS CITY ST-ZIP BRISTOL RI 02809 CITY-ST-7IP Change Add tion ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TYTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P COTY - ST- 21P Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 of 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 chapter for no an attachment with an address, with all other like empowered.

SIGNATURE:

if changed or on an attachmen

Puro. Graguey A. Novax

FILED

Caytime Phone #