

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 763363 (9)**
1. Corporation Name
GRANADA PROPERTY OWNER'S ASSOCIATION, INC.Principal Place of Business Mailing Address
% WACKEEN CORNETT & GOOGE
POST OFFICE BOX 66
STUART FL 34995
P.O. BOX 1671
PALM CITY FL 34991-66713. Date Incorporated or Qualified **05/19/1982** 3a. Date of Last Report **04/26/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0345097	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 29	Country 30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORNETT, JANE L.
401 EAST OSCEOLA STREET
STUART FL 34994

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Addition
NAME	WERNER, KEN	1.2 NAME	GASPA, TOM
STREET ADDRESS	1294 SW VIZCAYA CIRCLE	1.3 STREET ADDRESS	1422 VIZCAYA CIRCLE
CITY-ST-ZIP	PALM CITY FL 34990	1.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, ROBERT	2.2 NAME	
STREET ADDRESS	1382 SW VIZCAYA CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASBURY, ANDREW	3.2 NAME	
STREET ADDRESS	1414 SW VIZAYA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLAND, STEPHEN	4.2 NAME	SMITH, GERRI
STREET ADDRESS	1318 SW VIZAYA CIRCLE	4.3 STREET ADDRESS	1310 SW VIZCAYA CIRCLE
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SPUGNARDI, SCOTT	5.2 NAME	
STREET ADDRESS	1374 SW VIZCAYA CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-97

Date

230-8737

Daytime Phone # 0071804

CR2E037 (9/96)