

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90084 048 ****61.25

0045312

DOCUMENT # 763363

1. Corporation Name

GRANADA PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

% CONCEPT MGMT. SERVICE
7136 SE OSPREY STREET
HOBE SOUND FL 33455

Mailing Address

% CONCEPT MGMT. SERVICE
7136 SE OSPREY STREET
HOBE SOUND FL 33455

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/19/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0345097

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORNETT, JANE L ESQ
WACKEN CORNETT GOODE & ROSS
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 ☐ DELETE13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GASPA, THOMAS
1422 SW VIZCAYA CIRCLE
PALM CITY FL 349901.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
V/D
CUMMINGS, STEVE
1461 SW VIZCAYA CIRCLE
PALM CITY, FL 34990TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OTTE, BRUCE
1430 SW VIZCAYA CIRCLE
PALM CITY FL 349902.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SMALL, BRENT
1333 SW VIZCAYA CIRCLE
PALM CITY FL 349903.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
T/D
SMALL, BRENT
1333 SW VIZCAYA CIRCLE
PALM CITY, FL 34990TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SMITH, JERRI
1310 SW VIZCAYA CIRCLE
PALM CITY FL 349904.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
D
SMITH, JERRI
1310 SW VIZCAYA CIRCLE
PALM CITY, FL 34990TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOBBINS, KAREN
1510 SW VIZCAYA CIRCLE
PALM CITY FL 349905.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
S/D
DOBBINS, KAREN
1510 SW VIZCAYA CIRCLE
PALM CITY, FL 34990TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

BRUCE OTTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99

Date

561-287-8898

Daytime Phone #

CR2E037 (11/98)