

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763363

1. Entity Name

GRANADA PROPERTY OWNER'S ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90125 027 ****61.25

Principal Place of Business

Mailing Address

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

% CONCEPT MGMT. SERVICE
7136 SE OSPREY STREET
HOBE SOUND FL 33455-6159

2. Principal Place of Business

3. Mailing Address

Concept Mgmt. Service

c/o Concept Mgmt. Service

Suite, Apt. #, etc.

Suite, Apt. #, etc.

400 Toney Penna Drive

400 Toney Penna Drive

City & State

City & State

Jupiter Florida

Jupiter Florida

Zip

Country

Zip

Country

33458

USA

33458

USA

4. FEI Number

65-0345097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNETT, JANE L ESQ
WACKEEN CORNETT GOOGE & ROSS
401 EAST OSCEOLA STREET
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete
NAME **GASPA, THOMAS**
STREET ADDRESS **1422 SW VIZCAYA CIRCLE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **PD** ☐ Change ☒ Addition
NAME **Smith, Brian**
STREET ADDRESS **1507 SW Vizcaya Circle**
CITY-ST-ZIP **Palm City, FL 34990**

TITLE **PD** ☒ Delete
NAME **OTTE, BRUCE**
STREET ADDRESS **1430 SW VIZCAYA CIRCLE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **SMALL, BRENT**
STREET ADDRESS **1333 SW VIZCAYA CIRCLE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SMITH, JERRI**
STREET ADDRESS **1310 SW VIZCAYA CIRCLE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **DOBBINS, KAREN**
STREET ADDRESS **1510 SW VIZCAYA CIRCLE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CUMMINGS, STEVE**
STREET ADDRESS **1461 SW VIZCAYA CIRCLE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Thomas Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00

561-286-2270