2001 UNIFORM BUSINESS REPORT (UPR) FILED Mar 09, 2001 8:00 am Secretary of State **DOCUMENT # 763363** 1. Entity Name GRANADA PROPERTY OWNER'S ASSOCIATION, INC. 03-09-2001 90005 034 ****61.25 Mailing Address Principal Place of Business S CONCEPT MGMT, SERVICE 400 TONEY PENNA DRIVE JUPITED FL 33458 CONCEPT MGMT, SERVICE 400 TONEY PENNA DHIN JUDIPER FL 33458 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc i te Applied For 4. FEI Number City & State 65-0345097 Not Applicable \$8.75 Additional ountry ountry 5. Certificate of Status Desired Fee Required Address of New Registered Agent 6. Name and Address of Current Registered Agent CORNETT, JANE L ESQ **WACKEEN CORNETT GOOGE & ROSS 401 EAST OSCEOLA STREET** STUART FL 34994 in the state of Florida. purpose of changing its SIGNATURE Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: Department of State П Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. CR2E037 (10/00) Change Addition TITLE ☐ Delete PD TITLE NAME SMITH, BRIAN NAME STREET ADDRESS STREET ADDRESS 1509 SW VIZCAYA CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 TITLE Delete TD TITLE NAME SMALL: BRENT NAME DIRFCTOR STREET ADDRESS STREET ADDRESS 1333 SW VIZCAYA CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 TITLE TITLE MAME NAME omith, Jerri STREET ADDRESS STREET ADDRESS 1310 SW VIZCAYA GIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 Addition TITLE TITLE NAME NAME Óobbing, Karen- STREET ADDRESS STREET ADDRES 1510-SW-VIZGAYA CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Addition TITI F TITLE NAME **CUMMINGS, STEVE** STREET ADDRESS STREET ADDRESS 1461 SW VIZCAYA CIRCLE CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

561-286-0823

19-01

changed, or on an attachme

SIGNATURE:

with all other