

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763363

1. Entity Name

GRANADA PROPERTY OWNER'S ASSOCIATION, INC.

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90185 012 ****61.25

0056612

Principal Place of Business Mailing Address
% CONCEPT MGMT. SERVICE % CONCEPT MGMT. SERVICE
1151 SW 30TH STREET STE D 1151 SW 30TH STREET STE D
PALM CITY FL 34990 PALM CITY FL 34990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
All Florida Realty Ser. All FL Realty Service
Suite, Apt. #, etc. Suite, Apt. #, etc.
611 So. Fed. Hwy Ste B P.O. Box 2188
City & State City & State
Stuart, FL Stuart, FL
Zip Country Zip Country
34994 Martin 34995 Martin

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
Name
All Florida Realty Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
611 S. Federal Highway, Ste. B
City Stuart FL Zip Code 34994

ULTRA CLEAN PROPERTY MGMT.
1151 SW 30TH STREET STE D
PALM CITY FL 34990

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

Tom Carter

3/26/02

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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, BRIAN 1509 SW VIZCAYA CIRCLE PALM CITY FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATTERSON, CURTIS 1502 SW VIZCAYA CIR PALM CITY FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRER, KAREN 1310 S.W. VIZCAYA PALM CITY FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAISSE, TRACY 1501 SW VIZCAYA CIRCLE PALM CITY FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilstrap, Wendy 1413 SW Vizcaya Circle Palm City, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRAUSE, EVELYN 1302 VIZVAYA CIRCLE PALM CITY FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUMMINGS, STEVE 1461 SW VIZCAYA CIRCLE PALM CITY FL 34990 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRER, KAREN 1310 SW VIZCAYA PALM CITY, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

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

Brian Smith, President

3-26-02

Date

Daytime Phone #

CR2E037 (9/01)