

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

09-01-2005 90022 043 \*\*\*\*61.25

<b>DOCUMENT # 763363</b> 1. Entity Name <b>GRANADA PROPERTY OWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>ALL FLORIDA REALTY SER. 10 SE CENTRAL PKWY, SUITE 130 STUART, FL 34994</b>		Mailing Address <b>ALL FLORIDA REALTY SER. 10 SE CENTRAL PKWY, SUITE 130 STUART, FL 34994</b>	
2. Principal Place of Business <b>969 S. FEDERAL HWY SUITE 401 STUART, FL 34994</b>		3. Mailing Address <b>POST OFFICE BOX 70 PALM CITY, FL 34991</b>	
4. FEI Number <b>65-0345097</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALL FLORIDA REALTY SERVICES, INC. 10 SE CENTRAL PKWY., STE 130 STUART, FL 34994</b>		7. Name and Address of New Registered Agent Name <b>ELIZABETH P. BONAN ESQ. ROSS EARLE &amp; BONAN P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>759 S. FEDERAL HWY, STE 212</b>  City <b>STUART</b> FL Zip Code <b>34994</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u><i>Elizabeth P. Bonan</i></u> <b>ELIZABETH P. BONAN</b> <u>8/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDD, NANCE 1325 SW VIZCAYA CIRCLE PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D NANCY BUDD 1325 SW VIZCAYA CIRCLE PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, ERIC 1405 SW VIZCAYA CIRCLE PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SUNTUM, GEORGE 1422 S.W. VIZCAYA CIRCLE PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRAUSE, EVELYN 1302 VIZVAYA CIRCLE PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WALL, KATHLEEN 1294 SW VIZCAYA CIRCLE PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALL, KATHLEEN 1294 VIZCAYA CIRCLE PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WALL, KATHLEEN 1294 SW VIZCAYA CIRCLE PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARNOLD, NANCY 1445 SW VIZCAYA CIRCLE PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISLO, ED 1365 SW VIZCAYA CIRCLE PALM CITY FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	TITLE 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: <u><i>Evelyn A. Krause</i></u> <b>TREASURER EVELYN A. KRAUSE</b> <u>8/25/05</u> <u>772-219-4540</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

50064358



08222005 Chg-NP CR2E037 (10/03)