

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90003 004 ****61.25

DOCUMENT # 767573

1. Entity Name

GRANADA OWNERS' ASSOCIATION, INC.



Principal Place of Business

1334 GRANADA CT
LAKE WALES FL 33853-2712
US

Mailing Address

1334 GRANADA CT
LAKE WALES FL 33853-2712
US

2. Principal Place of Business

1332 GRANADA CT
Suite, Apt. #, etc.

3. Mailing Address

1332 GRANADA CT
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

LAKE WALES FL
Zip Country
33898-2712 US

City & State

LAKE WALES FL
Zip Country
33898-2712 US

4. FEI Number

59-3587314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOEDKEN, PHIL L.
1334 GRANADA CT
LAKE WALES FL 33853-2712

7. Name and Address of New Registered Agent

Name DAVID J. ULLRICH
Street Address (P.O. Box Number is Not Acceptable)
1332 GRANADA CT
City LAKE WALES FL Zip Code 33898-2712

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 DAVID J. ULLRICH

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VSD
NAME GOEDKEN, PHIL L.
STREET ADDRESS 1334 GRANADA CT #A-4
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

TITLE TD
NAME ULLRICH, DAVID J.
STREET ADDRESS 1332 GRANADA CT.
CITY-ST-ZIP LAKE WALES FL 33848 ☐ Delete

TITLE PD
NAME GOEDKEN, SUSAN D
STREET ADDRESS 1334 GRANADA CT # A-4
CITY-ST-ZIP LAKE WALES FL 33853 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V/A
NAME
STREET ADDRESS
CITY-ST-ZIP 33898 ☒ Change ☐ Addition

TITLE P/T/D
NAME
STREET ADDRESS
CITY-ST-ZIP 33898 ☒ Change ☐ Addition

TITLE S/D
NAME
STREET ADDRESS
CITY-ST-ZIP 33898 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: DAVID J. ULLRICH PM/D 2-12-04 863-696-7246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #