## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 01, 2006 8:00 am **Secretary of State** DOCUMENT # 767573 . 1. Entity Name 03-01-2006 90027 012 \*\*\*\*61.25 GRANADA OWNERS' ASSÓCIATION, INC. Principal Place of Business Mailing Address 1332 GRANADA CT LAKE WALES FL 33898-2712 1332 GRANADA CT LAKE WALES FL 33898-2712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3587314 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ULLRICH, DAVID J Street Address (P.O. Box Number is Not Acceptable) 1332 GRANADA CT LAKE WALES FL 33898-2712 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VD TITLE ☐ Delete TITLE Change Addition EDWIN NARR GOEDKEN, PHIL L NAME NAME 1334 GRANADA CT #A-4 1336 GRANADA CT STREET ADDRESS STREET ADDRESS LAKE WALES FL 33898 CITY-ST-ZIP CITY-ST:ZIPT LAKE-WALES FL 3389B PTD TITLE ☐ Defete TITLE Change ☐ Addition ULLRICH, DAVID J NAME NAME 1332 GRANADA CT. STREET ADDRESS STREET ADDRESS LAKE WALES FL 33898 CITY+ST-ZIP CITY-ST-ZIP SD TITLE - 🖃 Change --- 🔲 Addition-GOEDKEN, SUSAN D NAME NAME STREET ADDRESS 1334 GRANADA CT # A-4 STREET ADDRESS CITY-ST-ZIP LAKE WALES FL 33898 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

863-696-7246 ARVIA T ULLAIRH ATO SIGNATURE: