


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90060 031 \*\*\*\*61.25

<b>DOCUMENT # 767573</b> 1. Entity Name <b>GRANADA OWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>1332 GRANADA CT</b> <b>LAKE WALES, FL 33898-2712 US</b>		Mailing Address <b>1332 GRANADA CT</b> <b>LAKE WALES, FL 33898-2712 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3003 GRANADA CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>3003 GRANADA CT</b> Suite, Apt. #, etc.	
City & State <b>LAKE WALES FL</b> Zip <b>33898</b>		City & State <b>LAKE WALES FL</b> Zip <b>33898</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>59-3587314</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>ULLRICH, DAVID J</b> <b>1332 GRANADA CT</b> <b>LAKE WALES, FL 33898-2712</b>		7. Name and Address of New Registered Agent Name <b>ULLRICH DAVID J</b> Street Address (P.O. Box Number is Not Acceptable) <b>3003 GRANADA CT</b> City <b>LAKE WALES</b> <b>FL</b> Zip Code <b>33898</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 _____ <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</b> <b>Due by May 1, 2007</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>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD GOEDKEN, PHIL L <input type="checkbox"/> Delete	TITLE	VA GOEDKEN PHIL L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEDKEN, PHIL L	NAME	GOEDKEN PHIL L
STREET ADDRESS	1334 GRANADA CT #A-4	STREET ADDRESS	3003 GRANADA CT
CITY-ST-ZIP	LAKE WALES, FL 33898	CITY-ST-ZIP	LAKE WALES FL 33898
TITLE	PTD ULLRICH, DAVID J <input type="checkbox"/> Delete	TITLE	ATA ULLRICH DAVID J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLRICH, DAVID J	NAME	ULLRICH DAVID J
STREET ADDRESS	1332 GRANADA CT.	STREET ADDRESS	3003 GRANADA CT
CITY-ST-ZIP	LAKE WALES, FL 33898	CITY-ST-ZIP	LAKE WALES FL 33898
TITLE	SD GOEDKEN, SUSAN D <input type="checkbox"/> Delete	TITLE	SA GOEDKEN SUSAN D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOEDKEN, SUSAN D	NAME	GOEDKEN SUSAN D
STREET ADDRESS	1334 GRANADA CT #A-4	STREET ADDRESS	3003 GRANADA CT
CITY-ST-ZIP	LAKE WALES, FL 33898	CITY-ST-ZIP	LAKE WALES FL 33898
TITLE	VD NARR, EDWIN <input type="checkbox"/> Delete	TITLE	VA NARR EDWIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARR, EDWIN	NAME	NARR EDWIN
STREET ADDRESS	1336 GRANADA CT	STREET ADDRESS	3003 GRANADA CT
CITY-ST-ZIP	LAKE WALES, FL 33898	CITY-ST-ZIP	LAKE WALES FL 33898
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 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 attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <i>David J Ullrich</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2-23-07</b> <b>863 696 7246</b> <small>Daytime Phone #</small>	