## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#767573**

FILED Mar 17, 2009 Secretary of State

Entity Name: GRANADA OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3003 GRANADA CT. LAKE WALES, FL 338982712 US **Current Mailing Address: New Mailing Address:** 3003 GRANADA CT LAKE WALES, FL 338982712 US FEI Number: 59-3587314 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ULLRICH, DAVID J 3003 GRÁNADA CT. LAKE WALES, FL 338982712 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VSD () Change () Addition () Delete GOEDKEN, PHIL L Name: Name: 3007 GRANADA CT. Address: Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: Title: TD () Delete Title: () Change () Addition ULLRICH, DAVID J Name: Name: Address: 3003 GRANADA CT. Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GOEDKEN, SUSAN D Name: GOEDKEN, SUSAN D Name: 3007 GRANADA CT. 3007 GRANADA CT. Address: Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: LAKE WALES, FL 33898 Title: ( ) Delete Title: VD (X) Change ( ) Addition Name: TRENTINI, VINCENT Name: TRENTINI, VINCENT 3011 GRANADA CT 3011 GRANADA CT Address: Address: City-St-Zip: LAKE WALES, FL 33898 City-St-Zip: LAKE WALES, FL 33898 Title: () Delete Title: ( ) Change (X) Addition ZIOTKOWSKI, RON Name: Name: 6465 OAK HOLLOW DR. Address: Address: City-St-Zip: City-St-Zip: BURLESON, TX 76028 Title: () Delete Title: ( ) Change (X) Addition BAKER, DONALD Name: Name: Address: Address: 313 LUCILLE DR. LEXINGTON, KY 40511 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL L. GOEDKEN S 03/17/2009