2006 **UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 12, 2006 8:00 am
Secretary of State
01-12-2006 90192 043 ****61.25

DOCUMENT # 769311

1. Entity Name

GRANADA II OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
GRANADA CONDOS B-3 GRANADA CONDOS. W. LEISURE LA. LAKE WALES FL 33898-2727 US	GRANADA II OWNERS ASSN. INC. 1343 GRANADA CT LAKE WALES FL 33898-2727 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2877810 ☐ Ap ☐ Nc

5. Certificate of Status Desired ☐ **$8.75** Add Fee Require

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FOLEY, LEATRICE M 1343 GRANADA COURT LAKE WALES FL 33898	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Cod

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCLUSKY, WILLIAM 1344 GRANADA COURT LAKE WALES FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FOLEY, WILLIAM R 1343 GRANADA COURT LAKE WALES FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FOLEY LEATRICE M 1343 GRANADA COURT LAKE WALES FL 33898	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change

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 i 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 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 c changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leatrice M. Foley Sec/Treas D 1-8-06 863-696-2979