


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED 2/15/08
Feb 18, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N02272 1. Entity Name GRANADA III OWNERS' ASSOCIATION, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 2011 GRANADA CT C/O JACKIE WATERS LAKE WALES, FL 33898 US | Mailing Address 2011 GRANADA CT C/O JACKIE WATERS LAKE WALES, FL 33898 US |
|--|--|

DO NOT WRITE IN THIS SPACE

01102008 No Chg-NP CR2E037 (4/08)

| | |
|--|-------------------------------|
| 4. FEI Number 59-3228779 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

WATERS, JACKIE
2011 GRANADA CT
LAKE WALES, FL 33898-2712

DO NOT WRITE IN THIS SPACE

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 reappointing) DATE _____

| | |
|---|---|
| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BATTIST, CLARA 2005 GRANADA COURT LAKE WALES, FL 33898 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VALERIO, THOMAS 2003 GRANADA COURT LAKE WALES, FL 33898 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WATERS, JACKIE 2011 GRANADA CT LAKE WALES, FL 338982712 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000831231
02/27/08-80010-002 61.25

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Jackie Waters 2-1-08 863-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

533
4139