

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N11947 (1)

1. Corporation Name

GRANADA IV AND V OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

GRANADA E-2 LEISURE LN. W.
P. O. BOX 6395
NALCREST FL 33856-6395
US

GRANADA E-5. LEISURE LN W.
P. O. BOX 6395
NALCREST FL 33856-6395
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/07/1985	3a. Date of Last Report 03/28/1994
4. FEI Number 59-2877808	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fees Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**EVERMAN, BERTHA
GRANADA E-2, LEISURE LN., W.
LAKE WALES FL 33856**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OWENS, CHARLES
STREET ADDRESS	GRANADA E-1 W LEISURE LN
CITY-ST-ZIP	LAKE WALES FL
TITLE	ST
NAME	EVERMAN, BERTHA
STREET ADDRESS	GRANADA E-2, LEISURE LN., W.
CITY-ST-ZIP	LAKE WALES FL
TITLE	VP
NAME	CONE, DANIEL
STREET ADDRESS	GRANADA E-3 W LEISURE LN
CITY-ST-ZIP	LAKE WALES FL
TITLE	D
NAME	CONE, RUBY
STREET ADDRESS	GRANADA D-1, W. LEISURE LN
CITY-ST-ZIP	LAKE WALES FL
TITLE	D
NAME	BORST, HOWARD
STREET ADDRESS	GRANADA E-4, W. LEISURE LN
CITY-ST-ZIP	LAKE WALES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bertha Everman Bertha Everman 3-6-95 813 696 2316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone No.