


FILE NOW: FILING FEE IS \$61.25

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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 GRANADA E-2 LEISURE LN., W. P. O. BOX 6396 NALCREST FL 33856-6395 US	Mailing Address GRANADA E-5. LEISURE LN W. P. O. BOX 6395 NALCREST FL 33856-6395 US
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3. Date Incorporated or Qualified 11/07/1985	3a. Date of Last Report 03/15/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE _____ (NOTE - Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OWENS, CHARLES	
STREET ADDRESS	GRANADA E-1 W LEISURE LN	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	EVERMAN, BERTHA	
STREET ADDRESS	GRANADA E-2, LEISURE LN., W.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CONE, DANIEL	
STREET ADDRESS	GRANADA E-3 W LEISURE LN	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONE, RUBY	
STREET ADDRESS	GRANADA D-1, W. LEISURE LN	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORST, HOWARD	
STREET ADDRESS	GRANADA E-4, W. LEISURE LN	
CITY-ST-ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> DELETE
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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* 1101 N. Quail Rd - 331

CR2E037 (9/96)