

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N11947**  
 1. Entity Name  
**GRANADA IV AND V OWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 1306 GRANADA CR.      1306 GRANADA CR.  
 LAKE WALES, FL 33898 US      LAKE WALES, FL 33898 US



04202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-2877808**      Not Applicable  
 5. Certificatâ of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 HEILER, WALTER  
 1306 GRANADA CT  
 LAKE WALES, FL 33898

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

U00000530937  
 05/06/06-80020-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	COREY, ANDREA
STREET ADDRESS	1305 GRANADA CT.
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	VD
NAME	RAULERSON, MARLA
STREET ADDRESS	1304 GRANADA CT
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	S
NAME	NALL, CYNTHIA
STREET ADDRESS	1306 GRANADA CT.
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	TD
NAME	HEILER, WALTER
STREET ADDRESS	1306 GRANADA CT.
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	TD
NAME	ROLAND, CAREY
STREET ADDRESS	1451 GRANADA CT.
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** Walter Heiler Walter Heiler      April 20 2006      863-696-1556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #