

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N12075** (0)

1. Corporation Name

GRANADA PLACE CONDOMINIUM ASSOCIATION OF TAMPA, INC.



Principal Place of Business

Mailing Address

C/O LESLIE H. GLADFELTER/ GRIMES. GOEBEL
1023 MANATEE AVENUE WEST
BRADENTON FL 34205

C/O LESLIE H. GLADFELTER/ GRIMES. GOEBEL
1023 MANATEE AVENUE WEST
BRADENTON FL 34205

3. Date Incorporated or Qualified
11/14/1985

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 **C/O Caroline L. Crislip**

26 **C/O Caroline L. Crislip**

4. FEI Number

59-2868339

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **3304-B West Granada**

Suite, Apt. #, etc.

27 **3304-B West Granada**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

23 **Tampa, FL**

City & State

28 **Tampa, FL**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

Zip

24 **33629**

Country

25 **USA**

Zip

29 **33629**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLADFELTER, LESLIE H
C/O GRIMES, GOEBEL, ET AL.
1023 MANATEE AVENUE WEST
BRADENTON FL 34205

81 Name

Caroline L. Crislip

82 Street Address (P.O. Box Number is Not Acceptable)

3304-B West Granada St.

83

84 City

Tampa

FL

85 Zip Code

33629

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 **Caroline L. Crislip** **Treasurer**

03-31-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **GLADFELTER, VAN**
STREET ADDRESS **3304 A GRANADA ST**
CITY-ST-ZIP **TAMPA FL**

TITLE **STD** ☒ DELETE

NAME **GLADFELTER, LESLIE**
STREET ADDRESS **3304 A GRANADA ST**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE

NAME **CRISLIP, CAROLINE**
STREET ADDRESS **3304-B GRANADA STREET**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD
Sherman, Rochelle
3304-A West Granada St.
Tampa, FL 33629

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD
McKitchen, Kathy
3304-A West Granada St.
Tampa, FL 33629

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

STD
Crislip, Caroline
3304-B West Granada St.
Tampa, FL 33629

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Caroline L. Crislip** **Sec/Treasurer**

03-31-96

(813)

577-6605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)