## 2008 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**



FILED

**Secretary of State** DOCUMENT # N15849 06-23-2008 90002 041 \*\*\*\*61.25 GRANADA OAKS CONDOMINIUM MANAGEMENT ASSOCIATION, INC. Principal Place of Business Mailing Address 595 W GRANADA BLVD STE A C/O ALL FLORIDA REALTY SERVICES ORMOND BEACH, FL 32175-7305 US 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06192008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2704158 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMPSON, EDWARD JR. 595 W GRANADA BLVD STE A Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH, FL 32074 City Zip Code 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution Florida Department of State Due by September 12, 2008 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARPER, BILL NAME NAME STREET ADDRESS 595 W. GRANADA BLVD., I & J STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MILES, BENNY NAME 595 W. GRANADA, STE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition KOREY, ROBERT KIT NAME NAME STREET ADORESS 595 W GRANADA, STE A STREET ADDRESS ORMOND BEACH, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytme Phone #