## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(1)

GRANADA LANDOWNERS' ASSOCIATION, INC.

QIII W							
Principal Place of Business		Mailing Address		138511101 010 11011 01001 11611 0010		I BIDAH BHBIH LUBI	
GRANADA D-6. WEST LEISURE LANE P.O. BOX 6038 NALCREST FL 33856-6038		Granada D-6. West Leisure Lane P.O. Box 6038 Nalcrest Fl 33856-8038			I de Data et Lea	Danast	
					3. Date Incorporated or Qualified 12/28/1987	3a. Date of Last 04/05/1	
2. Principal P.	lace of Business	2a. Mailing Address 26		4. FEI Number 59-2877802	<del>     </del>	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Dosired		Additional	
		27		5. Certificate bi Status Desired	Fee F	Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution		May Be d to Fees	
Zip 24	Country 25	Zip 29	Count	гу	This corporation has liability for Florida Statutes	intangible tax under  Yes No	s. 199.032,
	9. Name and Address of Current				10. Name and Address of New R	egistered Agent	
			8	1 Name			
HEILER, MARY A.			8	82 Street Address (P.O. Box Number is Not Acceptable)			
	DA <b>D-</b> 8, W. LEISURE LANE ALES FL 33853		8	3	<del></del>		
DAIL II	VITO LE 00000		8	4 City	<u> </u>	05   7/r	Code
				,		FL   1	
11. Pursuant office or r	to the provisions of Sections 617,0502 egistered agent, or both, in the State of	and 617.1508, Florida Stat I Florida. Such change wa	utes, the abo s authorized	ve-named o	orporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing pt the appointment a	its registered s registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503,	Florida Statul	es. /1	Description	120101	_
SIGNATURE .	Signature, typod or prijit d name of registered agent	and title it abplicable (N	OTE: Bog stored A	oon: sidnature m	igulred when reinstating)	/ <del>/                                   </del>	
12.	OFFICERS AND		13.	go n organization	ADDITIONS/CHANGES TO OFF		PRS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	HEILER, MARY A.		1.2 NAM	E .			
STREET ADDRESS	GRANADA D-6 W LEISURE LN		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL	T of the		- \$1 - ZIP			Luzen
TITLE	VD	DELETE	2.1 7171.0	1		L. Change	Addition
NAME OTOGET ADDOGGO	HEILER, WALTER J. GRANADA D-6 W LEISURE LN		2.2 NAM	1			
STREET ADDRESS	LAKE WALES FL			E1 ADDRESS - S1-ZIP			
CITY-ST-ZIP TITLE	DS		3.17010			Change	Addition
NAME			3.2 NAM				
STREET ADDRESS	AMERICAN AND AND AND ADDRESS OF THE		3.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	LAKE WALES FL		3.4. CITY	-ST-ZIP			
TITLE			4.1 TITLE			☐ Change	☐ Addition
NAME	tantaril rives e.		4. 2 NAM	ie ]			
STREET ADDRESS	GRANADA H-6 W LEISURE LN		4.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			4.4 CITY	- ST - ZIP			
TITLE	•		5.1 TITU			☐ Change	☐ Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	E1 ADDRESS			
CITY-ST-ZIP			5.4 CITY				· · · · · · · · · · · · · · · · · · ·
TITLE			6.1 TITLE			∐ Change	Addition
NAME	HEILER, MARY A.		6.2 NAM	E			
STREET ADDRESS	GRANADA D-8 W LEISURE LN		6.3 STR	FT ADDRESS			

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

**FILED** Apr 08 1997 8:00am Secretary of State