## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 08, 2005 08:00 AM DOCUMENT # N24106 **Secretary of State** 1. Entity Name GRANADA VI OWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business 1465 GRANADA CT LAKE WALES FL 33853 1465 GRANADA CŢ LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 4. FFI Number City & State 59-2877806 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRAPANESE, JOHN L. 1465 GRANADA CT Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 Zip Code FL 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 DATE (NCTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD Addition TITLE Delete THE Change U00000220144 02/08/05-80051-014 61.25 TRAPANESE, JOHN NAME NAME 1465 GRANADA CT STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP City-St-7IP Change Addition THIF THILE ☐ Delete TRIPP, E. HUSTON **NAME** NAME 1461 GRANADA COURT STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY-ST-71P ☐ Addition ULE Change ☐ Delete TITLE TRAPANESE, MARJORIE NAME NAME 1465 GRANADA CT STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 CITY: ST: 702 CITY - ST - 7IP ☐ Delete IIILE ☐ Change Addition ITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change ☐ Addition THEF THE ☐ Delete NAME NAMI STREET ADDRESS STREET ADORESS CHY ST-ZIP DITY-ST-719 Change ☐ Addition ☐ Defete 111118 HILLE NAM NAME STREET ADDRESS STREET AGURESS CITY-ST-ZIP CITY-ST-ZIP

12. I 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 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:

**FILED** 

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