2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2006 8:00 am **Secretary of State** DOCUMENT # N24106 1. Entity Name 02-10-2006 90018 036 ****61.25 GRANADA VI OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 1465 GRANADA CT LAKE WALES FL 33853 1465 GRANADA CT LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address 1462 Granada Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2877806 ake wales, Not Applicable Zip Country Pol K Country \$8.75 Additional 5. Certificate of Status Desired 3898 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent leen Leonard TRAPANESE, JOHN L. dress (P.O. Box Number is Not Acceptable) 1465 GRANADA CT LAKE WALES FL 33853 La Ke Wales 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. - 25-06 DATE (NOTE: 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, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Delete TITLE Leonard Kathleen TRAPANESE, JOHN NAME NAME 1462 Granada ct 1465 GRANADA CT STREET ADDRESS STREET ADDRESS Lake wales F1 33898 City-St-7IP LAKE WALES FL 33853 CITY-ST-ZIP VD TITLE ☐ Delete ☐ Change Addition TITLE TRIPP, E. HUSTON NAME NAME STREET ADDRESS 1461 GRANADA COURT STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP TITLE Delete TITLE Change Addition JACK BODDAERT TRAPANESE, MARJORIE NAME NAME 1466, GRANADA CT. STREET ADDRESS 1465 GRANADA CT STREET ADDRESS LAKE WALES FL 33853 CITY-ST-ZIP CITY+ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

Leonard Kathlean Loonard Jan 25/06 SIGNATURE: Kathleen

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.