2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N24106 03-14-2007 90021 033 ****61.25 1. Entity Name GRANADA VI OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 4003300-1465 GRANADA CT 1462 GRANADA CT LAKE WALES, FL 33853 LAKE WALES, FL 33898 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2903 GRANADA 2<u>911 GRANADA COURT</u> Suite, Apt. #, etc. 01222007 Chg-NP CR2E037 (12/08) City & State City & State Applied For 4. FEI Number 59-2877806 AKE AKE WAL Not Applicable \$8.75 Additional 5. Certificate of Status Desired 115A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEONARD KATHLEEN TRAPANESE, JOHN L. Street Address (P.O. Box Number is Not Acceptable) 1465 GRANADA CT LAKE WALES, FL 33853 GRANADA City LAKE WALES FL Zip Code 33898 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. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete THE LEONARD, KATHLEEN NAME NAME LEONARD, KATHLEEN 1462 GRANADA CT 2903 GRANADA_COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 33898 CITY-ST-ZIP AKE WALES FL TITLE Delete TITLE **Addition** NEFF, JOAN 2901 GRANADA COURT TRIPP. E. HUSTON NAME NAME 1461 GRANADA COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP LAKE WALES, FL 33853 CITY-ST-ZIP LAKE WALES FL 33898 STD Delete Change TITLE TOLE Addition NAME BODDAERT, JACK NAME BODDAERT, JACK 1466 GRANADA CT STREET ADDRESS STREET ADDRESS 2911 GRANADA COURT LAKE WALES, FL CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP 33898 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

FILED

Mar 14, 2007 8:00 am