

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N31011**

1. Entity Name  
**GRANADA VII OWNERS' ASSOCIATION, INC.**



FILED  
06 OCT 25 PM 2:00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1585 GRANADA CT.  
LAKE WALES, FL 33898 US**

Mailing Address  
**1585 GRANADA CT.  
LAKE WALES, FL 33898 US**

2. Principal Place of Business  
**2804 GRANADA CT.**

3. Mailing Address  
**2804 GRANADA CT.**

City & State  
**LAKE WALES, FLA**

Zip  
**33898**

Country  
**U.S.A.**



10092006 REIN:NP CR2E099 (11/05) 06

4. FEI Number  
**59-3064912**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GRABER, JOHN C  
1585 GRANADA COURT  
LAKE WALES, FL 33853**

7. Name and Address of New Registered Agent

Name  
**ARCADIO TORRES**

Street Address (P.O. Box Number is Not Acceptable)  
**2804 GRANADA COURT**

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.

SIGNATURE  
**Arcadio Torres**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE  
**10/25/06**

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2007, Fee will be \$297.50**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOW, PHYLLIS 1583 GRANADA CT LAKE WALES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRABER, JOHN C 1585 GRANADA COURT LAKE WALES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORSTER, JOHN 1587 GRANADA CT LAKE WALES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, AL 1582 GRANADA CT LAKE WALES, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHECA, SONG 1586 GRANADA CT LAKE WALES, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARE, PAM 1581 GRANADA CT LAKE WALES, FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHYLLIS SNOW 2806 GRANADA CT. LAKE WALES, FLA 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN GRABER 2810 GRANADA CT. LAKE WALES, FLA 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESIDENT CHARLES LANDRY 2808 GRANADA CT. LAKE WALES, FLA 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREASURER ARCADIO TORRES 2804 GRANADA CT. LAKE WALES, FLA 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RON JACQUES 2812 GRANADA CT. LAKE WALES, FLA 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SECRETARY PAM GARE 2802 GRANADA CT. LAKE WALES, FLA 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE  
**Samuel W. Jones**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**10. 23.06**

Daytime Phone #  
**863.696.1304**