

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90014 041 ****61.25

DOCUMENT # N31011

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



Principal Place of Business
**2804 GRANADA CT
LAKE WALES, FL 33898 US**

Mailing Address
**2804 GRANADA CT
LAKE WALES, FL 33898 US**



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**TORRES, ARCADIO
2804 GRANADA CT
LAKE WALES, FL 33898**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SNOW, PHYLLIS
2806 GRANADA CT
LAKE WALES, FL 33898**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRABER, ~~PAUL~~
2810 GRANADA COURT
LAKE WALES, FL 33898**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LANDRY, CHARLES
2808 GRANADA CT
LAKE WALES, FL 33898**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TORRES, AL
2804 GRANADA CT
LAKE WALES, FL 33898**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JAQUES, RON
2812 GRANADA CT
LAKE WALES, FL 33898**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GARE, PAM
2802 GRANADA CT
LAKE WALES, FL 33898**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FOR
FILE (MAY)