

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**



Number	59-3049443	Applied For
		Not Applicable

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

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE EULA M ARNETT, TREASURER Eula M Arnett Treas. 2/23/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Make Check Payable to  
Florida Department of State**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD ARNETT, PAUL 1576 GRANADA CT LAKE WALES FL 33898		<input type="checkbox"/> Delete	- 2811 from 1576		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD ARNETT, EULA M 1576 GRANADA CT LAKE WALES FL 33898		<input type="checkbox"/> Delete	- 2811 from 1576		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VSD O'KEEFE, LORRIE 1572 GRANADA CT LAKE WALES FL 33898		<input type="checkbox"/> Delete	- 2803 from 1572		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input 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 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.

SIGNATURE: Eula Marnett Treas. EULA MARNETT 2/23/07 803696-4474

ATTACHMENT



40028383  
#N41656

1295 BRICE BLVD  
DRAWER PS06  
BARTOW, FLORIDA 33830  
863\534-5644  
FAX # 863\534-5645

EMERGENCY  
MANAGEMENT

POLK COUNTY  
BOARD OF COUNTY  
COMMISSIONERS

9-1-1 OPERATIONS

### ADDRESS REASSIGNMENT NOTIFICATION FORM

**Property Owner Information**

Paul Arnett  
1576 Granada Ct  
Lake Wales, FL 33898

**Parcel Identification Number:** 293021-992867-008060

Dear Paul Arnett

There is a plan to add more condominiums and to connect Granada Court into one continuous road. The Lake Wales Post Office addressed Granada Court as two separate roads. Both entrances start with 1300 numbers and end with 1400 and 1500 numbers. Leaving the numbers as they are when it becomes one road may delay 9-1-1 response because the addresses would appear to go higher as you turn in. The responder may not realize the addresses then lower again at the other end of the street. Our office has reassigned the addresses in sequential order with odd and even numbers on different sides of the street.

In order to enhance emergency response to your home, the E9-1-1 Addressing Office has changed your address as follows:

**Current:** 1576 Granada Court

**New:** 2811 Granada Court

**Effective Date:** August 21, 2006

Please note: You have 60 days to post your new address. The Post Office will forward your mail for 12 months. You may take a copy of this form with you to change your driver's license and the fee will be waived.

We regret any inconvenience this change may cause.

### POSTING OF NUMBERS AND ROADWAY NAMES

YOUR ADDRESS HAS BEEN CHANGED TO ENHANCE 9-1-1 EMERGENCY RESPONSE. THE ADDRESS CHANGE IS DEEMED NECESSARY AND IN THE BEST INTEREST OF THE HEALTH, SAFETY AND WELFARE OF YOU AND YOUR NEIGHBORS.

POLK COUNTY ORDINANCE 04-89 AUTHORIZES THIS CHANGE. IT IS NECESSARY FOR YOUR NEW NUMBER TO BE AFFIXED TO YOUR BUILDING OR TO A SEPARATE STRUCTURE SUCH AS A POST, WALL OR FENCE, PROVIDED THAT SUCH SEPARATE STRUCTURE IS LOCATED IN FRONT OF THE BUILDING AND ON THE BUILDING'S SIDE OF THE STREET. THE BUILDING NUMBER SHOULD BE AT LEAST THREE (3) INCHES IN HEIGHT AND CLEARLY VISIBLE FROM THE STREET BY WHICH THE BUILDING IS ACCESSED.