

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 02, 2009
Secretary of State

DOCUMENT# N93000003438

Entity Name: GRANADA SOUTH HOMEOWNERS ASSOCIATION INC.**Current Principal Place of Business:**601 PLUM LANE
ALTAMONTE SPRINGS, FL 32701**New Principal Place of Business:**319 TEAKWOOD LANE
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**P.O. BOX 180051
CASSELBERRY, FL 32718 US**New Mailing Address:**319 TEAKWOOD LANE
ALTAMONTE SPRINGS, FL 32701**FEI Number:** 59-3239976**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILLIAMS, ALTON
601 PLUM LANE
ALTAMONTE SPRINGS, FL 32701 US**Name and Address of New Registered Agent:**JOHNSON, VICKIE
319 TEAKWOOD LANE
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: VICKIE JOHNSON

12/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, ALTON
Address: 601 PLUM LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: LEMON, SOLOMAN
Address: 606 PLUM LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: MCDONALD, TONIA
Address: 318 TEAKWOOD LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Delete
Name: CARTER, CHRISTOPHER
Address: 317 TEAKWOOD LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMAS, CONNIE
Address: 519 PEACHTREE LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD (X) Change () Addition
Name: BRYANT, PEGGY
Address: 611 PLUM LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD (X) Change () Addition
Name: JOHNSON, VICKIE
Address: 319 TEAKWOOD LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE D. THOMAS

PD

12/02/2009

Electronic Signature of Signing Officer or Director

Date