



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90118 035 ****70.00

DOCUMENT # N98000001005					
1. Entity Name ISLE OF GRANADA NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business ASSOCIATION MANAGEMENT SERVICES 906 SW ST LUCIE W BLVD STE 222 PORT SAINT LUCIE, FL 34986			Mailing Address ASSOCIATION MANAGEMENT SERVICES 906 SW ST LUCIE W BLVD STE 222 PORT SAINT LUCIE, FL 34986		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 65-0898416	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FINN, RITA 239 NW ZANIBAR PL. PORT SAINT LUCIE, FL 34986			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME BABBITT, MURRAY STREET ADDRESS 222 NW SANZIBRA PL CITY- ST- ZIP PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete		TITLE TD NAME JOANNE LACONA STREET ADDRESS 232 NW ZANZIBAR PLACE CITY- ST- ZIP PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME BIRNBAUM, MERLE STREET ADDRESS 125 CALANIA CIR CITY- ST- ZIP PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME FINN, RITA G STREET ADDRESS 239 NW ZANZIBAR PL CITY- ST- ZIP PORT ST. LUCIE, FL 34986	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME KAHN, MARTIN STREET ADDRESS 132 NW CATANIA CR CITY- ST- ZIP PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME DICKSON, KEN STREET ADDRESS 208 N.W. ZANZIBAR PL. CITY- ST- ZIP PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JUDD, DOROTHY L STREET ADDRESS 207 NW ZANZIBAR FL CITY- ST- ZIP PORT SAINT LUCIE, FL 34986	<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 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: <i>Rita G Finn</i> <i>Rita G Finn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/06 772-873-0495 <small>Date Daytime Phone #</small>		