

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90006 004 \*\*\*\*70.00

<b>DOCUMENT # N98000001005</b> 1. Entity Name <b>ISLE OF GRANADA NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <b>ASSOCIATION MANAGEMENT SERVICES 906 SW ST LUCIE W BLVD STE 222 PORT SAINT LUCIE, FL 34986</b>			Mailing Address <b>ASSOCIATION MANAGEMENT SERVICES 906 SW ST LUCIE W BLVD STE 222 PORT SAINT LUCIE, FL 34986</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b> <b>FINN, RITA 239 NW ZANIBAR PL. PORT SAINT LUCIE, FL 34986</b>					
<b>7. Name and Address of New Registered Agent</b> Name <b>BABBITT, MURRAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>233 NW ZANIBAR PLACE</b> City <b>PORT ST. LUCIE</b> FL <b>34986</b>					
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 <b>MURRAY BABBITT</b> <span style="float: right;">2/23/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>IACONA, JOANNE</b> <b>232 NW ZANIBAR PLACE</b> <b>PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FINN, RITA G</b> <b>239 NW ZANIBAR PL</b> <b>PORT ST. LUCIE, FL 34986</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MURRAY BABBITT</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>233 NW ZANIBAR PLACE</b> <b>PORT ST. LUCIE, FL 34986</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KAHN, MARTIN</b> <b>132 NW CATANIA CR</b> <b>PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DICKSON, KEN</b> <b>208 N.W. ZANIBAR PL.</b> <b>PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DICKSON, KEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>208 NW ZANIBAR</b> <b>PORT ST. LUCIE, FL 34986</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JUDD, DOROTHY L</b> <b>207 NW ZANIBAR FL</b> <b>PORT SAINT LUCIE, FL 34986</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JUDD, DOROTHY L.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>207 NW ZANIBAR PLACE</b> <b>PORT ST. LUCIE, FL 34986</b>		
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 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.					
<b>SIGNATURE:</b> <b>MURRAY BABBITT</b> <span style="float: right;">2/23/07 772-336-1217</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40025673



01172007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0898416** Applied For ☐ Not Applicable ☐

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