

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90083 009 ****61.25

DOCUMENT # N99000000764						
1. Entity Name GRANADA CONDOMINIUM HOMES II ASSOCIATION, INC.						
Principal Place of Business RESORT MGMNT 2685 HORSESHOE DR. S., #215 NAPLES, FL 34104			Mailing Address RESORT MGMNT 2685 HORSESHOE DR. S., #215 NAPLES, FL 34104			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-1431210		
Zip		Country		Zip		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JENKINS, GLENN 1435 CURLEW AVE # 1 NAPLES, FL 34102			7. Name and Address of New Registered Agent 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, 2005		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 D	NAME ELDEN, MICHAEL		<input type="checkbox"/> Delete	TITLE D	NAME Elden, Michael	
STREET ADDRESS 1350 GALLEON DRIVE	CITY - ST - ZIP NAPLES, FL 34102		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 450 Galleon Drive	CITY - ST - ZIP NAPLES, FL 34102	
TITLE DVD	NAME LADIC, GLENN		<input type="checkbox"/> Delete	TITLE D	NAME Henrickson, Ronald	
STREET ADDRESS 1435 CURLEW AVE #2	CITY - ST - ZIP NAPLES, FL 34102		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS 1435 Curlew Ave #1	CITY - ST - ZIP NAPLES, FL 34102	
TITLE D	NAME HOPKINS, DOUGLAS		<input checked="" type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 1425-3 CURLEW AVE	CITY - ST - ZIP NAPLES, FL 34102		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY - ST - ZIP 	
TITLE DP	NAME JENKINS, GLENN		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 1435 CURLEW AVE # 1	CITY - ST - ZIP NAPLES, FL 34102		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY - ST - ZIP 	
TITLE DST	NAME IAN, BUTTLER		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 1435 CURLEW AVE # 3	CITY - ST - ZIP NAPLES, FL 34102		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY - ST - ZIP 	
TITLE 	NAME 		<input type="checkbox"/> Delete	TITLE 	NAME 	
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	CITY - ST - ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			Date: 5-5-05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #			