2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPORT (AR)				•	garante y gran	<b></b>	
DOCUMENT # 731307  1. Entity Name  CRANTHAM #6# CONFORM NUMBER ACCOUNTION INC.						'ÜĻ	FILE:		
GRANTH	AM "C" CONDOMINIUM AS:	SOCIATION, INC.	ATION, INC.		OLULIARY UF STATE TALLAHASSEE, FLORIDA				
Principal Plac	e of Business	Mailing Address	ng Address			. TALLAHASSEE, FLURIDA			
3501 WEST	/NERS ORG. OF CENTURY VILLAG DRIVE BEACH FL 33442-2085	E CONDO OWNERS ORG. 3501 WEST DRIVE DEERFIELD BEACH FL:		VILLAG	E	66413	3082		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			моо	RE (	CR2E037 (11/03	3)	
City & State		City & State			4. FEI Number	1933244		Applied For	
Zip Country		Zip	Country		5. Certificate of Status			Not Applicable Additional	
	6. Name and Address of Current	Registered Agent			7. Name and Addres	s of New Reg	Fee Requ		
	+ + + + ±		Name	<u> </u>			' .		
	NDOMINIUM OWNERS ORG. 1 WEST DRIVE	ANIZATION OF CENT	URY Street A	ddress (F	O. Box Number is Not	Acceptable)	W		
	RFIELD BCH FL 33442-208	5				<del></del>			
			City		., .	<del> </del>	FL Zip C	ode	
	named entity submits this statement fo	r the purpose of changing its re	l egistered office o	r registere	ed agent, or both, in the	State of Flori	ida. I am familiar w	ith, and accept	
the obligat	ions of registered agent.	-			•				
SIGNATURE -							<u> </u>		
And the Colon California and	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signal	ure required	when reinstating)	NATIONAL LANGUAGES	DATE	to the control of the state of	
#1 19	FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		e Check Payab a Department o		
10.	OFFICERS AND DIF	RECTORS	11.	Δ	DDITIONS/CHANGES	O OFFICERS	S AND DIRECTORS	3 IN 10	
TITLE NAME STREET ADDRESS	D ROSENBAUM, CHARLOTTE GRANTHAM C 344	☐ Delete	TITLE NAME STREET ADDRESS		7000: 04/29/04(	3 <b>461</b> 11020(	□ Chang   7727   201 **1500	_	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP						
TITLE THE NAME STREET ADDRESS	D BIRNBAURD, HAROLD GRANTHAM C 445	☐ Delete	TITLE NAME STREET ADDRESS	D BIR GRA	NBAUM, HA	IROLD	💢 Chang	ge 🔲 Addition	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	DEE	REIGLA DE	1011-FL	33442		
TITLE NAME	D BARR, SAM: ***	Delete	TITLE NAME	VP RES	NZWZIC, W	ILL TAM	Chang	ge 🗌 Addition	
STREET ADDRESS	143 GRANTHAM C		STREET ADORESS	448	GRANTHA	nc			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	DEEK	FIRLD BLAU	481	33442		
TITLE NAME	MAIER, DONALD	☐ Delete	TITLE .	<b>7</b>	-	•	Chang	ge 🔀 Addition	
STREET ADDRESS	146 GRANTHAM C		STREET ADDRESS	149	UBELG JOY CLANTHAM C	<u>سم</u> ۔			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	<u></u>	CITY-ST-ZIP	PLLK	FILLD BEACH	4.56	33442		
TITLE NAME	LAZAR, NAT	☐ Delete	TITLE NAME	See.	<u>FILLO BERCI</u> VZWEIG, Lot	LAINE	☐ Chanç	ge 🙀 Addition	
STREET ADDRESS	GRANTHAM C 453		STREET ADDRESS	448	GRANTHAM	· C			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	DEL	LFIELD BE	4 C/L F	L 33448	<u> </u>	
title Name	STEIN, SYLVIA	☐ Delete	TITLE NAME		M. a.	ら、	Chang	ge 🔲 Addition	
STREET ADDRESS	GRANTHAM C 451		STREET ADDRESS		Holy	Š			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	·	CITY-ST-ZIP	<u> </u>	<u> </u>				
12. I hereby a	certify that the information supplied with	this filing does not qualify for t	the exemption sta	ted in Sec	ction 119 07(3)(i) Florid	a Statutes 1 f	jurther certify that th	ne information	

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, withyall other like empowered.

SIGNATURE: 5 Male Mail
STORMATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04 954-42/-3670 Pate Daytime Phone #