

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735215 (6)
1. Corporation Name
GRANTHAM B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: C/O GRANTHAM "B". #336 CENTURY VILLAGE DEERFIELD BCH FL 33442
Mailing Address: C/O GRANTHAM "B". #336 CENTURY VILLAGE DEERFIELD BCH FL 33442

3. Date Incorporated or Qualified: 03/10/1976
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26 GRANTHAM B
Suite, Apt. #, etc.: 22 126
City & State: 23 DEERFIELD BEACH FL
Zip: 24 33442 Country: 25
27 City & State: 28 DEERFIELD BEACH FL
29 33442 30 U.S.A

4. FEI Number: 59-1887533 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CONDOMINIUM OWNERS ORGANIZATION OF CENTURY VILLAGE EAST, INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-2085**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	COHEN, MARTIN	
STREET ADDRESS	GRANTHAM B 4 33	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BLACKER, ARNOLD	
STREET ADDRESS	GRANTHAM 324 B	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CARSON, ISABELLE	
STREET ADDRESS	GRANTHAM B 336	
CITY-ST-ZIP	DEERFIELD BCH. FL 33442	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	VALARO, SELMA	
STREET ADDRESS	GRANTHAM B 228	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMAN, GOLDIE	
STREET ADDRESS	GRANTHAM B 325	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHONBRUN, AL	
STREET ADDRESS	GRANTHAM B 222	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COHEN LEONARD	
1.3 STREET ADDRESS	GRANTHAM B 436	
1.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JACK TEPLITSKY	
3.3 STREET ADDRESS	126 GRANTHAM B	
3.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack Teplitzky FEB 23/96 954-429-3582
TREASURER Date Daytime Phone #

CR2E037 (12/95)