

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N93000004198 (8)**  
1. Corporation Name  
**GRANVILLE CONDOMINIUM F ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>GOLDMAN &amp; JUDA PA<br/>7771 W OAKLAND PARK BLVD #201<br/>SUNRISE FL 33351<br/>US</b> | Mailing Address<br><b>GOLDMAN &amp; JUDA<br/>7771 W OAKLAND PAK BLVD #201<br/>SUNRISE FL 33351-6787<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/16/1993</b>   | 3a. Date of Last Report<br><b>04/26/1996</b>           |
| 4. FEI Number<br><b>65-0531655</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent  
**RUBIN, ARTHUR J.  
7505 GRANVILLE DRIVE  
TAMARAC FL 33321**

( MAR - 6 1997 )

2045

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

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 |                             | DELETED                             |
|----------------------------|-----------------------------|-------------------------------------|
| TITLE                      | <b>TD</b>                   | <input type="checkbox"/>            |
| NAME                       | <b>RUBIN, ARTHUR J.</b>     |                                     |
| STREET ADDRESS             | <b>7505 GRANVILLE DRIVE</b> |                                     |
| CITY - ST - ZIP            | <b>TAMARAC FL</b>           |                                     |
| TITLE                      | <b>PD</b>                   | <input type="checkbox"/>            |
| NAME                       | <b>BRAUN, HANNS</b>         |                                     |
| STREET ADDRESS             | <b>7547 GRANVILLE DRIVE</b> |                                     |
| CITY - ST - ZIP            | <b>TAMARAC FL</b>           |                                     |
| TITLE                      | <b>VD</b>                   | <input type="checkbox"/>            |
| NAME                       | <b>KANER, MELVIN A.</b>     |                                     |
| STREET ADDRESS             | <b>7559 GRANVILLE DRIVE</b> |                                     |
| CITY - ST - ZIP            | <b>TAMARAC FL</b>           |                                     |
| TITLE                      | <b>SD</b>                   | <input checked="" type="checkbox"/> |
| NAME                       | <b>REDFIELD, NATHALIE</b>   |                                     |
| STREET ADDRESS             | <b>7551 GRANVILLE DRIVE</b> |                                     |
| CITY - ST - ZIP            | <b>TAMARAC FL</b>           |                                     |
| TITLE                      |                             | <input type="checkbox"/>            |
| NAME                       |                             |                                     |
| STREET ADDRESS             |                             |                                     |
| CITY - ST - ZIP            |                             |                                     |
| TITLE                      |                             | <input type="checkbox"/>            |
| NAME                       |                             |                                     |
| STREET ADDRESS             |                             |                                     |
| CITY - ST - ZIP            |                             |                                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                             | CHANGED                             | ADDED                               |
|---|-----------------------------|-------------------------------------|-------------------------------------|
| 1.1 TITLE   |                             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 1.2 NAME  |                             |                                     |                                     |
| 1.3 STREET ADDRESS                                    |                             |                                     |                                     |
| 1.4 CITY - ST - ZIP                                   |                             |                                     |                                     |
| 2.1 TITLE   |                             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 2.2 NAME  |                             |                                     |                                     |
| 2.3 STREET ADDRESS                                    |                             |                                     |                                     |
| 2.4 CITY - ST - ZIP                                   |                             |                                     |                                     |
| 3.1 TITLE   |                             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3.2 NAME  |                             |                                     |                                     |
| 3.3 STREET ADDRESS                                    |                             |                                     |                                     |
| 3.4 CITY - ST - ZIP                                   |                             |                                     |                                     |
| 4.1 TITLE   | <b>SD</b>                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4.2 NAME  | <b>COHEN, SANDY</b>         |                                     |                                     |
| 4.3 STREET ADDRESS                                    | <b>7511 GRANVILLE DRIVE</b> |                                     |                                     |
| 4.4 CITY - ST - ZIP                                   | <b>TAMARAC FL 33321</b>     |                                     |                                     |
| 5.1 TITLE   | <b>VD</b>                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5.2 NAME  | <b>LANE, SELMA</b>          |                                     |                                     |
| 5.3 STREET ADDRESS                                    | <b>7537 GRANVILLE DRIVE</b> |                                     |                                     |
| 5.4 CITY - ST - ZIP                                   | <b>TAMARAC FL 33321</b>     |                                     |                                     |
| 6.1 TITLE   |                             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.2 NAME  |                             |                                     |                                     |
| 6.3 STREET ADDRESS                                    |                             |                                     |                                     |
| 6.4 CITY - ST - ZIP                                   |                             |                                     |                                     |

14. I do 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 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: Arthur J. Rubin **ARTHUR J. RUBIN** 4-15-97 954-720-8015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Phone #

CFR2E037 (9/96)