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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004198

1. Corporation Name
GRANVILLE CONDOMINIUM F ASSOCIATION, INC.

Principal Place of Business GOLDMAN & JUDA PA 7771 W OAKLAND PARK BLVD #201 SUNRISE FL 33351 US	Mailing Address GOLDMAN & JUDA 7771 W OAKLAND PAK BLVD #201 SUNRISE FL 33351 US
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2. Principal Place of Business 21 GOLDMAN, JUDA & MARTIN, PA Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 GOLDMAN, JUDA & MARTIN, PA Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 09/16/1993	4. FEI Number 65-0531655 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent RUBIN, ARTHUR J. 7505 GRANVILLE DRIVE TAMARAC FL 33321	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	RUBIN, ARTHUR J 7505 GRANVILLE DR TAMARAC FL 33321	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	MAXWELL, CHARLOTTE F	2.2 NAME	
STREET ADDRESS	7541 GRANVILLE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	KANER, MELVIN A.	3.2 NAME	
STREET ADDRESS	7559 GRANVILLE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TD	4.1 TITLE	SD
NAME	COHEN, SANDY	4.2 NAME	
STREET ADDRESS	7511 GRANVILLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	LANE, SELMA	5.2 NAME	
STREET ADDRESS	7537 GRANVILLE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	TAMARAC, FL 33321
TITLE		6.1 TITLE	TD
NAME		6.2 NAME	FLACKER, LEONARD
STREET ADDRESS		6.3 STREET ADDRESS	7545 GRANVILLE DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMARAC, FL 33321

14. 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 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, with all other like empowered.

SIGNATURE: Arthur J. Rubin SIGNATURE REQUIRED: ARTHUR J. RUBIN 4/15/99 954-720-8015
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)