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**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90092 001 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <b>GOLDMAN, JUDA &amp; MARTIN, PA</b>	26 <b>GOLDMAN, JUDA &amp; MARTIN, PA</b>	09/16/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0531655
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
29	30	Trust Fund Contribution

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, ARTHUR J	1.2 NAME	
STREET ADDRESS	7505 GRANVILLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, SANDY	4.2 NAME	SD
STREET ADDRESS	7511 GRANVILLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	TD
STREET ADDRESS		6.3 STREET ADDRESS	FLACKER, LEONARD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	7545 GRANVILLE DRIVE
			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* **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)