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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001712

1. Corporation Name
GRANVILLE CONDOMINIUM C ASSOCIATION, INC.

372080 - 90029 - 5

Principal Place of Business	Mailing Address
7600 NOB HILL ROAD TAMARAC FL 33321	~~700 N.W. 107TH AVENUE~~ ~~MIAMI FL 33172~~ 1280 SW 36 AVE SUITE 301 POMPANO BEACH, FL 33069

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/11/1995	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J
700 N.W. 107TH AVENUE
MIAMI FL 33172

10. Name and Address of New Registered Agent

31 Name: EXCLUSIVE PROPERTY MGT INC.
32 Street Address (P.O. Box Number is Not Acceptable): 1280 S.W. 36 AVENUE SUITE 301
33
34 City: POMPANO BEACH FL 35 Zip Code: 33069

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: PAUL F. SAPITA, MANAGER DATE: 4/12/99
Signature(s) and/or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	PD	☒	1.1 TITLE	PRESIDENT P	☒ / ☐
NAME	RIEFS, MARTIN L		1.2 NAME	DAVID FORMAN	
STREET ADDRESS	7600 NOB HILL ROAD		1.3 STREET ADDRESS	7780 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP	TAMARAC, FLA. 33321	
TITLE	VD	☒	2.1 TITLE	VICE-PRESIDENT VP	☒ / ☐
NAME	SCHRAGER, MARLENE		2.2 NAME	HAROLD COHEN	
STREET ADDRESS	7600 NOB HILL ROAD		2.3 STREET ADDRESS	7704 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC FL 33321		2.4 CITY-ST-ZIP	TAMARAC, FLA 33321	
TITLE	STD	☒	3.1 TITLE	SECRETARY-TREASURER ST	☒ / ☐
NAME	PEDONE, SUE		3.2 NAME	EVELYN KLIGMAN	
STREET ADDRESS	7600 NOB HILL ROAD		3.3 STREET ADDRESS	7768 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC FL 33321		3.4 CITY-ST-ZIP	TAMARAC FLA 33321	
TITLE		☐	4.1 TITLE		☐ / ☐
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐	5.1 TITLE		☐ / ☐
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ / ☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 1/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #