


04-27-2007 90235 001 15,496.25

DOCUMENT # 736316				04-27-2007 90235 001 15,496.2	
1. Entity Name GRANTHAM "F" CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business COOCVE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442			Mailing Address COOCVE 3501 WEST DRIVE DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent CONDO OWNERS ORG OF CVE, INC 3501 WEST DRIVE DEERFIELD BCH, FL 33442			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME WEISS, FRIEDA STREET ADDRESS 396 GRANTHAM F CITY-ST-ZIP DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete		TITLE SD NAME CAROL SONDIKE STREET ADDRESS 283 GRANTHAM F CITY-ST-ZIP D.B. H 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE VPDT NAME KABLACK, MICHAEL STREET ADDRESS 483 GRANTHAM F CITY-ST-ZIP DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete		TITLE D NAME SEENA CARVEL STREET ADDRESS 483 GRANTHAM F CITY-ST-ZIP D.B. H 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE D NAME ABRAMS, IVAN STREET ADDRESS 394 GRANTHAM F CITY-ST-ZIP DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D NAME MELTZER, IRVING STREET ADDRESS 493 GRANTHAM F CITY-ST-ZIP DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE SD NAME WEISS, FRIEDA STREET ADDRESS 396 GRANTHAM F CITY-ST-ZIP DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE D NAME SONDIKE, CAROLE STREET ADDRESS 283 GRANTHAM F CITY-ST-ZIP DEERFIELD BEACH, FL 33442 <input checked="" type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Frieda Weiss FRIEDA WEISS</u> 4/15/07 (954) 419-9143					