

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90129 026 \*\*\*\*61.25

40017940

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N39466  
 1. Entity Name  
 GRANVILLE CONDOMINIUM ASSOCIATION, INC. ✓

Principal Place of Business  
 7837 Granville Drive  
 Tamarac, FL 33321

Mailing Address  
 7837 Granville Drive  
 Tamarac, FL 33321

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number  
 65-0685391

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOOM, DAVID  
 7837 GRANVILLE DRIVE  
 TAMARAC, FL 33321

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD KRAMEISEN, NORMAN	<input type="checkbox"/> Delete
STREET ADDRESS	7889 Granville Drive	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE NAME	VPD SCHNEIDER, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS	7893 Granville Drive	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE NAME	TD BLOOM, DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	7837 Granville Drive	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE NAME	VPD HERMAN, BERNARD	<input type="checkbox"/> Delete
STREET ADDRESS	7877 Granville Drive	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE NAME	SD HILGER, THERESA	<input type="checkbox"/> Delete
STREET ADDRESS	7895 Granville Drive	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** *Norman Krameisen* Norman Krameisen, President 1/10/01 (954) 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)