

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N47422

1. Corporation Name

GRANVILLE CONDOMINIUM J ASSOCIATION, INC. (3) (F) (A) (I) (N) (JAN 26 1996)



Principal Place of Business

Mailing Address

C/O GOLDMAN & JUDA, P.A.  
7771 W. OAKLAND PARK BLVD., #201  
FT. LAUDERDALE FL 33351  
US

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7771 W. OAKLAND PARK BLVD., #201  
FT. LAUDERDALE FL 33351  
US

3. Date Incorporated or Qualified: 02/18/1992  
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0322240	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LYNN, FRANKEL 7355 GRANVILLE DR. TAMARACE FL 33321		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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 agent 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 <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODER, LEN	12 NAME	
STREET ADDRESS	7365 GRANVILLE DR.	13 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	14 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENSTER, MARVIN	22 NAME	
STREET ADDRESS	7379 GRANVILLE DR.	23 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	24 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELVIN, HELLER	32 NAME	
STREET ADDRESS	7363 GRANVILLE DR	33 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL 33321	34 CITY - ST - ZIP	
TITLE	S/O <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, FRANKEL	42 NAME	
STREET ADDRESS	7357 GRANVILLE DR	43 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL 33321	44 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPERSTEIN, JERRY	52 NAME	
STREET ADDRESS	7355 GRANVILLE DR.	53 STREET ADDRESS	
CITY - ST - ZIP	TAMARAC FL	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: \_\_\_\_\_ DATE: 1/29/96 DAYTIME PHONE #: 305/726-7799

CR2E037 (12/95)