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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -5 PM 2:42

DOCUMENT # **N93000000185 (9)**

1. Corporation Name

**GRANVILLE CONDOMINIUM I ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

7800 MOB HILL RD.  
TAMARAC FL 33321

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**BRODSKY, DANIEL  
7477 GRANVILLE DR.  
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name **SIGMUND MEYEROWITZ**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7431 GRANVILLE DR.**  
83  
84 City **TAMARAC** FL 85 Zip Code **33321**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Sigmund Meyerowitz*  
Signature, typed or printed name of registered agent and title of position.

NOTE: Registered Agent signature required when reconstituting

**X3-13-95**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BRODSKY, DANIEL</b>
STREET ADDRESS	<b>7477 GRANVILLE DR.</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	<b>VD</b>
NAME	<b>EPSTEIN, JEROME</b>
STREET ADDRESS	<b>7473 GRANVILLE DR.</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	<b>VD</b>
NAME	<b>JACOBS, ABRAHAM</b>
STREET ADDRESS	<b>7415 GRANVILLE DR.</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	<b>SD</b>
NAME	<b>GANZER, THELMA</b>
STREET ADDRESS	<b>7429 GRANVILLE DR.</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	<b>TD</b>
NAME	<b>MEYEROWITZ, SIGMUND</b>
STREET ADDRESS	<b>7431 GRANVILLE DR.</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRES.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SIGMUND MEYEROWITZ</b>	
1.3 STREET ADDRESS	<b>7431 GRANVILLE DR.</b>	
1.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
2.1 TITLE	<b>V. PRES.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROBERT SWILLING</b>	
2.3 STREET ADDRESS	<b>7457 GRANVILLE DR.</b>	
2.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
3.1 TITLE	<b>V. PRES.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ALB ROSEN</b>	
3.3 STREET ADDRESS	<b>7439 GRANVILLE DR.</b>	
3.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
4.1 TITLE	<b>SEC.Y.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ABBIE GORDON</b>	
4.3 STREET ADDRESS	<b>7441 GRANVILLE DR.</b>	
4.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
5.1 TITLE	<b>TREAS.D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PHILIP BASSO</b>	
5.3 STREET ADDRESS	<b>7479 GRANVILLE DR.</b>	
5.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), 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:

*Sigmund Meyerowitz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-13-95** **746-7600**  
Date Telephone #