

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000000185 (9)

1. Corporation Name
GRANVILLE CONDOMINIUM I ASSOCIATION, INC.

PAID
JAN 25 1996



Principal Place of Business 7600 NOB HILL RD. TAMARAC FL 33321		Mailing Address C/O GOLDMAN & JUDA 7771 W OAKLAND PARK BLVD #201 FT. LAUD FL 33351 US		3. Date Incorporated or Qualified 01/14/1993	3a. Date of Last Report 04/05/1995
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2. Principal Place of Business 21 GOLDMAN & JUDA, P.A.	2a. Mailing Address 26	4. FEI Number 65-0391860	Applied For Not Applicable
Suite, Apt. #, etc. 22 7771 W. OAKLAND PARK BLVD #201	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 SUNRISE, FLORIDA	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33351	Country 25 U.S.A.	29	30

9. Name and Address of Current Registered Agent SIGMUND MEYERWITZ 7431 GRANVILLE DR TAMARAC FL 33321				10. Name and Address of New Registered Agent			
81 Name GORDON, ABBIE				82 Street Address (P.O. Box Number is Not Acceptable) 7441 GRANVILLE DRIVE			
83				84 City TAMARAC			
85 Zip Code FL 33321							

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: *Abbie W. Gordon* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODSKY, DANIEL 7477 GRANVILLE DR. TAMARAC FL	<input checked="" type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD ROSEN, ALBERT 7439 GRANVILLE DRIVE TAMARAC, FL-33321	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EPSTEIN, JEROME 7473 GRANVILLE DR. TAMARAC FL	<input checked="" type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SVD GORDON, ABBIE 7441 GRANVILLE DRIVE TAMARAC-FL-33321	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACOBS, ABRAHAM 7415 GRANVILLE DR. TAMARAC FL	<input checked="" type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD LUGOW, HANK 7427 GRANVILLE DRIVE TAMARAC -FL-33321	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GANZER, THELMA 7429 GRANVILLE DR. TAMARAC FL	<input checked="" type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEYEROWITZ, SIGMUND 7431 GRANVILLE DR. TAMARAC FL	<input checked="" type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Abbie W. Gordon* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: Daytime Phone #

CR2E037 (12/95)