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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000185 (9)**

1. Corporation Name
GRANVILLE CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business JUDA. GOLDMAN.T.PA 7771 W. OAKLAND PARK BLVD #201 SUNRISE FL 33351 US	Mailing Address C/O GOLDMAN & JUDA 7771 W OAKLAND PARK BLVD.. #201 FT.LAUD FL 33351 US
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3. Date Incorporated or Qualified 01/14/1993
4. FEI Number 65-0391860
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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 617.003, Florida Statutes.

SIGNATURE *Abbie Gordon* **3/9/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, ALBERT	1.2 NAME	<i>1st Vice Pres</i>
STREET ADDRESS	7439 GRANVILLE DR	1.3 STREET ADDRESS	<i>Thelma Hanger</i>
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	<i>7429 Granville Dr Tamarac Fl. 33321</i>
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, ABBIE W	2.2 NAME	<i>Secretary</i>
STREET ADDRESS	7441 GRANVILLE DR	2.3 STREET ADDRESS	<i>Selma Galon</i>
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	<i>7469 Granville Dr Tamarac Fl. 33321</i>
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBOW, HANK	3.2 NAME	<i>Treasurer</i>
STREET ADDRESS	7427 GRANVILLE DR	3.3 STREET ADDRESS	<i>Philip Basso</i>
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	<i>7479 Granville Dr Tamarac Fl. 33321</i>
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELTMAN, PAUL	4.2 NAME	
STREET ADDRESS	7453 GRANVILLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, SANDY	5.2 NAME	
STREET ADDRESS	7405 GRANVILLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	TRS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, ISAAC	6.2 NAME	
STREET ADDRESS	7415 GRANVILLE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	6.4 CITY-ST-ZIP	

14. 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 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: *Philip Basso Treasurer* **3/9/98** (954) 721-6011

CFR2E037 (10/97)