

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90016 004 ****61.25

DOCUMENT # N93000000185

1. Entity Name

GRANVILLE CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% CASTLE MANAGEMENT INC
 PO BOX 189013
 PLANTATION FL 33318
 US

% CASTLE MANAGEMENT INC
 PO BOX 189013
 PLANTATION FL 33318-9013
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0391860

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTLE MANAGEMENT INC
 4450 W SUNRISE BLVD STE 100
 PLANTATION FL 33313**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	FVP	<input checked="" type="checkbox"/> Delete
NAME	GANZER	
STREET ADDRESS	7429 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GORDON, ABBIE W	
STREET ADDRESS	7441 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZALAN, SELMA	
STREET ADDRESS	7469 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRASSO, PHILIP	
STREET ADDRESS	7479 GRANVILLE, DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WEINSTEIN, SANDY	
STREET ADDRESS	7405 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, LEON	
STREET ADDRESS	7483 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELTMAN, GLORIA	
STREET ADDRESS	7453 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAYLE, BARBARA	
STREET ADDRESS	7471 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Abbie Gordon, President 4/2/00 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)