

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:28

DOCUMENT # **N93000004551 (8)**

1. Corporation Name

GRANVILLE CONDOMINIUM H ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7800 NOB HILL RD.
TAMARAC FL 33321

C/O GOLDMAN & JUDA
7771 W OAKLAND PK BLVD
FT LAUDERDALE FL 33351
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/07/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0439800	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

LORING, MYLES
7450 GRANVILLE DR
TAMARAC FL 33321

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 607.0503 and 607.508, 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 *Myles Loring, Sec'y* DATE *3/26/95*

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	EDELSON, ELLIOTT
STREET ADDRESS	7448 GRANVILLE DR
CITY - ST - ZIP	TAMARAC FL
TITLE	VD
NAME	FINNK, JEROME
STREET ADDRESS	7490 GRANVILLE DR
CITY - ST - ZIP	TAMARAC FL
TITLE	VD
NAME	WEINZIMER, JACK
STREET ADDRESS	7414 GRANVILLE DR
CITY - ST - ZIP	TAMARAC FL
TITLE	SD
NAME	LORING, MYLES
STREET ADDRESS	7450 GRANVILLE DR
CITY - ST - ZIP	TAMARAC FL
TITLE	TD
NAME	PINTO, CLAIRE
STREET ADDRESS	7410 GRANVILLE DR
CITY - ST - ZIP	TAMARAC FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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: *Myles Loring* DATE *3/26/95*