FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

	MENT # N930	00004551 (8	1)				
1. Corporation	i Name	•	"		•		
GRANV	VILLE CONDOMINIUM H A	SSOCIATION, INC.	$\bigcap \mathcal{I}$	37]			
Principal Place	of Business	Mailing Address	(JAN	25	1996) / 11111111 1111 1111 1111 1111 1111	 	
7600 NOB HILL RD. C/O GOLDMAN & JUDA							
TAMARAC FL	L 33321	7771 W OAKLAND PK FT LAUDERDALE FL_3		101	2-		
		US	(******		3. Date Incorporated or Qualified 10/07/1993	 Date of Last I 03/31/1 	
Principal Place of Business 2a. Mailing Address					4. FEI Number	 	Applied For
21	IIt-	26			65-0439800		Not Applicable
Suite, Apt # 22	#, etc.	Suite, Apt. #, etc.	<u> </u>		5. Certificate of Status Desired		Additional Required
City & State)	City & State			6. Election Campaign Financing		0 May Be
23		28			Trust Fund Contribution		d to Fees
Ζιρ 24	Country 25	Z _i p	Gountr 30	у	This corporation has liability for intanging Florida Statutes	ble tax under s. s 🔲 No	199.032,
24	9. Name and Address of Curr		130		10. Name and Address of New Registe		
			8	Name			
	, MYLES		8:	? Street	Address (P.O. Box Number is Not Acceptable)		
7450 GRANVILLE DR			8:	<u> </u>			
TAMARAC FL 33321				<u>'</u>			
			8	City		FL 85 Zip	o Code
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Statut	es, the above	named co	orporation submits this statement for the purpose	of changing its r	egistered office
or register familiar wit	ed agent, or both, in the State of Fic th, and accept the obligations of, Se	onda. Such change was authoriz ection 617.0503, Florida Statutes	ed by the cor s.	poration s	board of directors. Thereby accept the appointment	nt as registereo	agent. i am
SIGNATURE							
12.	Signature: typied or printed name of registered ag- OFFICERS A	IND DIRECTORS	13.	art signature	required when reinstating) D. ADDITIONS/CHANGES TO OFFICE RS	ATE BIAND DIRECTO	RS IN 12
TITLE	PD	DELETE	1 1 THILE			Change	☐ Addition
NAME	EDELSON, ELLIOTT		12 NAMI				
STREET ADDRESS	7446 GRANVILLE DR		13 STRE	1 ADDRESS			
CITY - ST - ZIF	TAMARAC FL	Z Delete	1.4 City	ST - ZIP		Change	Addition
TITLE NAME	VD Finnk, Jerome	₹ DELETE	2 1 TITLE 2 2 NAMI		DAVIS, MAX	☐ Change	Moultion M
STREET ADDRESS	7490 GRANVILLE DR			T ADDRESS	7422 GRANVILLE DRIVE		
CITY - ST - ZIP	TAMARAC FL		2 4 CITY		TAMARAS - FL- 33321		
TITLE	VD	⊠ 0ELE1E	3 1 TITLE		70	☐ Change	Addition
NAME	WEINZIMER, JACK		3.2 NAM		WELLS, HERGERT		
STREET ADDRESS	7414 GRANVILLE DR				7464 GRANVILLE DRIVE		
CITY-ST-ZIP	TAMARAC FL	DELETE	3 4. CITY 4 1 TITLE		TAMARAC -FL - 33321	Change	Addition
TITLE NAME	SD Loring, Myles		4 1 IIILE 4 2 NAM			f"1 mande	☐ Addition
STREET ADDRESS	7450 GRANVILE DR			FT ADDRESS			
CITY-ST-ZIP	TAMARAC FL		4.4 GITY				
TOLE	TD	⊠ DELETE	5 1 TITLE			Change	Addition
NAME	PINTO, CLAIRE		5 2 NAM				
STREET ADDRESS	7410 GRANVILLE DR			ET ADDRESS			
CITY-SI-ZIP	TAMARAC FL	□ DELETE	5 4 C(1)Y			☐ Change	Addition
TITLE NAME			6 2 NAM				☐ Podution
STREET ADDRESS				ET ADDRESS			
CITY - ST - ZIP			6 4 CiTY				
14. I do hereb	by certify that the information supplies	ed with this filing is voluntarily furn	nished and do	es not qu	alify for the exemption stated in Section 119.07(3); courate and that my signature shall have the same	k), Florida Statuf	tes. I further
oath; that		rporation or the receiver or truste	e empowere		ccurate and that my signature shall have the same ite this report as required by Chapter 617, Florida		