

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 # N93000004551 (8)

1. Corporation Name
GRANVILLE CONDOMINIUM H ASSOCIATION, INC.

Principal Place of Business

7600 NOB HILL RD.
TAMARAC FL 33321

Mailing Address

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

PAID
(JAN 25 1996)



3. Date Incorporated or Qualified **10/07/1993** 3a. Date of Last Report **03/31/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0439800		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country		29		30	
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
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 617.0503, Florida Statutes.

SIGNATURE

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 type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSON, ELLIOTT	12 NAME	
STREET ADDRESS	7446 GRANVILLE DR	13 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	14 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINNK, JEROME	22 NAME	DAVIS, MAX
STREET ADDRESS	7490 GRANVILLE DR	23 STREET ADDRESS	7422 GRANVILLE DRIVE
CITY-ST-ZIP	TAMARAC FL	24 CITY-ST-ZIP	TAMARAC - FL - 33321
TITLE	VD <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINZIMER, JACK	32 NAME	WELLS, HERBERT
STREET ADDRESS	7414 GRANVILLE DR	33 STREET ADDRESS	7464 GRANVILLE DRIVE
CITY-ST-ZIP	TAMARAC FL	34 CITY-ST-ZIP	TAMARAC - FL - 33321
TITLE	SD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORING, MYLES	42 NAME	
STREET ADDRESS	7450 GRANVILLE DR	43 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	44 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTO, CLAIRE	52 NAME	
STREET ADDRESS	7410 GRANVILLE DR	53 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/96
Date

Daytime Phone #

CR2E037 (12/95)