5-1-98 B-6207 C FILE NOW: FILING FEE IS \$61.25

NAME

STREET ADDRESS

SIGNATURE:

FILED May 01 1998 8:00am **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morth**á**m ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # N93000004551 (8) GRANVILLE CONDOMINIUM H ASSOCIATION, INC. Principal Place of Business Mailing Address C/O GOLDMAN & JUDA 7000 NOB HILL RD. 3. Date Incorporated or Qualified TAMARAC FL 33321 7771 W OAKLAND PK BLVD 10/07/1993 4. FEI Number FT LAUDERDALE FL 33351 Applied For 65-0439800 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 28 Žip Ζip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LORING, MYLES Street Address (P.O. Box Number is Not Acceptable) 7450 GRANVILLE DR TAMARAC FL 33321 85 Zip Code City 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 lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. MIKE MEYER 7450 GRANVILLE BR. DELETE 1.1 TITLE Change ☐ Addition TITLE EDELSON, ELLIOTT 1.2 NAME NAME 7446 GRANVILLE DR 1.3 STREET ADDRESS STREET ADDRESS TAMARAT, FC. TAMARAC FL CITY-ST-ZW 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME DAVIS, MAX 2.2 NAME STREET ADDRESS 7422 GRANVILLE DRIVE 2.3 STREET ADDRESS TAMARAC FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE MILTON LESTZ WELLS, HERBERT 3.2 NAME MALAF 7482 GRANVILLE DR. 7464 GRANVILLE DRIVE 3.3 STREET ADDRESS STREET ADDRESS FRANCE DAVAGARTEN 7408 BRANNUE DR. TRANSCAE, FLA. TAMARAC FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE ☐ Addition TITLE NAME LORING, MYLES 4 2 NAME 4.2 STREET ADDRESS 7450 GRANVILE DR 4.3 STREET ADDRESS TAMARAC FL 4.4 CITY-ST-ZIP CITY-ST-ZIP JERRY EINNK UD. Change DELETE 5.1 TITLE 444 7490 GRANUILLE DE. NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS HAMARACI ECA. CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

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.

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6.3 STREET ADDRESS