

5-1-98 B-6207-C
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FILED
 May 01 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address

7600 NOB HILL RD.
 TAMARAC FL 33321

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

3. Date Incorporated or Qualified
 10/07/1993

4. FEI Number
 65-0439800

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 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

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City FL 05 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EDELSON, ELLIOTT	
STREET ADDRESS	7446 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIS, MAX	
STREET ADDRESS	7422 GRANVILLE DRIVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WELLS, HERBERT	
STREET ADDRESS	7464 GRANVILLE DRIVE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LORING, MYLES	
STREET ADDRESS	7450 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MIKE MEYER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	7450 GRANVILLE DR.	
1.3 STREET ADDRESS	TAMARAC, FL.	
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	TD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MILTON LESTZ	
3.3 STREET ADDRESS	7462 GRANVILLE DR.	
3.4 CITY-ST-ZIP	TAMARAC, FL.	
4.1 TITLE	RONALD BAUMGARTEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	7408 GRANVILLE DR.	S.D.
4.3 STREET ADDRESS	TAMARAC, FLA.	
4.4 CITY-ST-ZIP		
5.1 TITLE	JERRY FINNK VD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	7490 GRANVILLE DR.	
5.3 STREET ADDRESS	TAMARAC, FLA.	
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 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.

SIGNATURE: _____

CR2E037 (10/97)