

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90066 044 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **N 93 00000 4551**

1. Corporation Name  
**GRANVILLE H CONDO ASSN. INC.**

478081 - 90066 - 44

Principal Place of Business: **7600 NOB Hill Rd. TAMARAC, FL. 33321**

Mailing Address: **010 GOLDMAN, JUDAN MARTIN 8211 W. BROWARD BLVD. PLANTATION, FL. 33324**

21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>10/07/1993</b>
22	City & State	27	City & State	4	FEI Number
	Zip	28	Zip		<b>65-0439800</b>
23	Country	29	Country	5	Certificate of Status Desired
		30			<input type="checkbox"/> \$8.75 Additional Fee Required
24				6	Election Campaign Financing Trust Fund Contribution
					<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>EXCLUSIVE PROPERTY MANAGEMENT</b> <b>1280 S.W. 36TH AVE</b> <b>SUITE 301</b> <b>POMPANO BEACH, FL. 33069</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Pres.	<input type="checkbox"/> DELETE		1.1 TITLE	Pres	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MEYER, MIKE			1.2 NAME	DRUBYCH, ROBERT		
STREET ADDRESS	7450 GRANVILLE DR.			1.3 STREET ADDRESS	7478 GRANVILLE DR.		
CITY-ST-ZIP	TAMARAC, FL 33321			1.4 CITY-ST-ZIP	TAMARAC, FL. 33321		
TITLE	1st V.P.	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVIS, MAX.			2.2 NAME			
STREET ADDRESS	7422 GRANVILLE DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL.			2.4 CITY-ST-ZIP			
TITLE	2nd V.P.	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUMGARTEN, RON			3.2 NAME			
STREET ADDRESS	7408 GRANVILLE DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL. 33321			3.4 CITY-ST-ZIP			
TITLE	Sec.	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LESTL, MILTON			4.2 NAME			
STREET ADDRESS	7482 GRANVILLE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL. 33321			4.4 CITY-ST-ZIP			
TITLE		<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FINK, JERRY			5.2 NAME			
STREET ADDRESS	7490 GRANVILLE DR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL. 33321			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: 741-4686

CR2E037 (11/98)