

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90016 005 \*\*\*\*61.25

**DOCUMENT # N93000004551**

1. Entity Name

**GRANVILLE CONDOMINIUM H ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

CASTLE MANAGEMENT INC  
 PO BOX 189013  
 PLANTATION FL 33318

CASTLE MANAGEMENT INC  
 PO BOX 189013  
 PLANTATION FL 33318-9013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0439800**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTLE MANAGEMENT INC  
 4450 W SUNRISE BLVD STE 100  
 PLANTATION FL 33313

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEYER, MIKE	
STREET ADDRESS	7450 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	LESTER, MILTON	
STREET ADDRESS	7482 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BANMGARTEN, R	
STREET ADDRESS	7408 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DRUBYCH, ROBERT	
STREET ADDRESS	7478 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, DOLORES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, MARVIN	
STREET ADDRESS	7432 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMGARTEN, R.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like or empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Marvin Smith, President* 2/21/00 (954) 792-6000

CR2E037 (9/99)