

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrath
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:24

DOCUMENT # **N94000001590 (8)**

1. Corporation Name

GRANVILLE CONDOMINIUM G ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7600 NOB HILL RD.
TAMARAC FL 33321

700 N.W. 107TH AVE.
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1994** 3a. Date of Last Report

4. FEI Number **65-0461935** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23 Zip

28 Zip

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS A
700 N.W. 107TH AVE.
MIAMI FL 33172

81 Name **LEE GERKEN**
82 Street Address (P.O. Box Number is Not Acceptable) **7540 GRANVILLE DR.**
83
84 City **TAMARAC** FL 85 Zip Code **33321**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE: Lee Gerken SECRETARY X 2/13/95 DATE

(Signature typed or printed below of registered agent and the if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **RIEFS, MARTIN L**
STREET ADDRESS **7600 NOB HILL RD.**
CITY-ST-ZIP **TAMARAC FL 33321**

1.1 TITLE **D/P** Change Addition
1.2 NAME **COHEN, MACY**
1.3 STREET ADDRESS **7510 GRANVILLE DR**
1.4 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **DV**
NAME **SCHRAGER, MARLENE**
STREET ADDRESS **7600 NOB HILL RD.**
CITY-ST-ZIP **TAMARAC FL 33321**

2.1 TITLE **D/V** Change Addition
2.2 NAME **FOGEL, HY**
2.3 STREET ADDRESS **7598 GRANVILLE DR.**
2.4 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **DST**
NAME **PEDONE, SUE**
STREET ADDRESS **7600 NOB HILL RD.**
CITY-ST-ZIP **TAMARAC FL 33321**

3.1 TITLE **D/S** Change Addition
3.2 NAME **GERKEN, LEE**
3.3 STREET ADDRESS **7540 GRANVILLE DR.**
3.4 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **D/T** Change Addition
4.2 NAME **POPILSK, DON**
4.3 STREET ADDRESS **7538 GRANVILLE DR.**
4.4 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D/V** Change Addition
5.2 NAME **HELLER, IRVING**
5.3 STREET ADDRESS **7572 GRANVILLE DR.**
5.4 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Macy J. Cohen 2/11/95 305-701-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Print Name)