

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000001590 (8)**

1. Corporation Name

GRANVILLE CONDOMINIUM G ASSOCIATION, INC.

PAID
JAN 25 1996



Principal Place of Business

7600 NOB HILL RD.
TAMARAC FL 33321

Mailing Address

700 NW 107TH AVE.
MIAMI FL 33172

1018

9. Date Incorporated or Qualified 03/30/1994	3a. Date of Last Report 03/31/1995
4. FEI Number 65-0461935	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 GOLDMAN + JUDA, P.A. Suite, Apt. #, etc. #201	26 GOLDMAN + JUDA, P.A. Suite, Apt. #, etc. #201
22 7771 W. OAKLAND PARK BLVD City & State	27 7771 W. OAKLAND PARK BLVD City & State
23 SUNRISE, FLORIDA Zip	28 SUNRISE, FLORIDA Zip
24 33351	25 U.S.A.
29 33351	30 U.S.A.

9. Name and Address of Current Registered Agent

GERKEN, LEE
7540 GRANVILLE DR.
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 _____ DATE _____
Signature typed or printed name of registered agent and date of appointment. 2011: Registered Agent signature required when transferring.

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, MACY	
STREET ADDRESS	7510 GRANVILLE DR.	
CITY - ST - ZIP	TAMARAC FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FOGEL, HY	
STREET ADDRESS	7582 GRANVILLE DR.	
CITY - ST - ZIP	TAMARAC FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GERKEN, LEE	
STREET ADDRESS	7540 GRANVILLE DR.	
CITY - ST - ZIP	TAMARAC FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	POPILEK, DON	
STREET ADDRESS	7538 GRANVILLE DR.	
CITY - ST - ZIP	TAMARAC FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HELLER, IRVING	
STREET ADDRESS	7572 GRANVILLE DR.	
CITY - ST - ZIP	TAMARAC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	WINTERS, WILLIAM	
13 STREET ADDRESS	7526 GRANVILLE DRIVE	
14 CITY - ST - ZIP	TAMARAC - FL - 33321	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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; that 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: *Donald E. Popilek, Pres.* **Donald E. Popilek** 1/24/96 305-724-1983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Double Print #

CR2E037 (12/95)