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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000001590 (8)

1. Corporation Name

GRANVILLE CONDOMINIUM G ASSOCIATION, INC.



Principal Place of Business

Mailing Address

GOLDMAN & JUDA PA
7771 W OAKLAND PARK BLVD 201
SUNRISE FL 33351
US

GOLDMAN & JUDA PA
7771 W OAKLAND PARK BLVD 201
SUNRISE FL 33351-6787
US

3. Date Incorporated or Qualified
03/30/1994

3a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 c/o Benchmark Prop.Mgt
Suite, Apt. #, etc.

26 c/o Benchmark Prop.Mgt
Suite, Apt. #, etc.

4. FEI Number
65-0461935

Applied For
Not Applicable

22 7932 Wiles Road
City & State

27 7932 Wiles Road
City & State

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

23 Coral Springs, FL
Zip Country

28 Coral Springs, FL
Zip Country

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

24 33067

25 Broward

29 33067

30 Broward

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERKEN, LEE
7540 GRANVILLE DR.
TAMARAC FL 33321

81 Name

Donald Popilek

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

7538 Granville Drive

83

84 City

Tamarac

85 FL

85 Zip Code
33321

11. Pursuant to the provisions of Sections 617.0503 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Donald Popilek

2/27/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	WINTERS, WILLIAM	
STREET ADDRESS	7526 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	DP	<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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 do 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:

Donald E. Popilek DONALD E. POPILEK

2-27-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Phone # 904 295 14

CFR2E037 (9/96)