

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001590 (8)
1. Corporation Name
GRANVILLE CONDOMINIUM G ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
C/O BENCHMARK PROP. MGT 7932 WILES ROAD CORAL SPRINGS FL 33067 US		C/O BENCHMARK PROP. MGT 7932 WILES ROAD CORAL SPRINGS FL 33067 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	03/30/1994	
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POPILEK, DONALD
7538 GRANVILLE DRIVE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	T/D
NAME	WINTERS, WILLIAM	1.2 NAME	Martin Begley
STREET ADDRESS	7526 GRANVILLE DR	1.3 STREET ADDRESS	7534 Granville Drive
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	Tamarac, FL 33321
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D
TITLE	DV	2.2 NAME	Harold Paul
NAME	FOGEL, HY	2.3 STREET ADDRESS	7546 Granville Drive
STREET ADDRESS	7582 GRANVILLE DR.	2.4 CITY-ST-ZIP	Tamarac, FL 33321
CITY-ST-ZIP	TAMARAC FL		
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D
TITLE	DS	3.2 NAME	Irving Heller
NAME	GERKEN, LEE	3.3 STREET ADDRESS	7572 Granville Drive
STREET ADDRESS	7540 GRANVILLE DR.	3.4 CITY-ST-ZIP	Tamarac, FL 33321
CITY-ST-ZIP	TAMARAC FL		
	<input type="checkbox"/> DELETE	4.1 TITLE	
TITLE	DP	4.2 NAME	
NAME	POPILEK, DON	4.3 STREET ADDRESS	
STREET ADDRESS	7538 GRANVILLE DR.	4.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMARAC FL		
	<input type="checkbox"/> DELETE	5.1 TITLE	
TITLE	DV	5.2 NAME	
NAME	HELLER, IRVING	5.3 STREET ADDRESS	
STREET ADDRESS	7572 GRANVILLE DR.	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	TAMARAC FL		
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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.

SIGNATURE: *Donald Popilek* 4-7-98 724-1983

CR2E037 (10/97)