


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90190 049 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001590**

1. Corporation Name  
**GRANVILLE CONDOMINIUM G ASSOCIATION, INC.**

Principal Place of Business C/O BENCHMARK PROP. MGT 7932 WILES ROAD CORAL SPRINGS FL 33067 US	Mailing Address C/O BENCHMARK PROP. MGT 7932 WILES ROAD CORAL SPRINGS FL 33067 US
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2. Principal Place of Business 21 <b>C/O EXCLUSIVE PROP. MGT.</b> Suite, Apt. #, etc. 22 <b>1280 SW 36 AV. SUITE 301</b> City & State 23 <b>POMPANO BEACH, FL.</b> Zip Country 24 <b>33069 USA</b>	2a. Mailing Address 26 <b>C/O EXCLUSIVE PROP. MGT.</b> Suite, Apt. #, etc. 27 <b>1280 SW 36 AV. SUITE 301</b> City & State 28 <b>POMPANO BEACH, FL</b> Zip Country 29 <b>33069 USA</b>	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	

9. Name and Address of Current Registered Agent

**POPIEK, DONALD**  
**7538 GRANVILLE DRIVE**  
**TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name <b>PAUL JAPITA, PRESIDENT</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>EXCLUSIVE PROP. MGT. 1280 SW 36 AV</b>
83 <b>SUITE 301</b>
84 City <b>POMPANO BEACH, FL</b>
85 Zip Code <b>33069</b>

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: *Paul Japita* (NOTE: Registered Agent signature required when reinstating) DATE: **2/11/99**

12. OFFICERS AND DIRECTORS

TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BEGLEY, MARTIN</b>	
STREET ADDRESS <b>7534 GRANVILLE DRIVE</b>	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PAUL, HAROLD</b>	
STREET ADDRESS <b>7546 GRANVILLE DRIVE</b>	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GERKEN, LEE</b>	
STREET ADDRESS <b>7540 GRANVILLE DR.</b>	
CITY-ST-ZIP <b>TAMARAC FL</b>	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>POPIEK, DON</b>	
STREET ADDRESS <b>7538 GRANVILLE DR.</b>	
CITY-ST-ZIP <b>TAMARAC FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HELLER, IRVING</b>	
STREET ADDRESS <b>7572 GRANVILLE DR.</b>	
CITY-ST-ZIP <b>TAMARAC FL 33321</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
2.2 NAME	<b>SUZANNE JUSTER</b>
2.3 STREET ADDRESS	<b>7510 GRANVILLE DR.</b>
2.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>VICE PRESIDENT</b>
3.3 STREET ADDRESS	<b>CHARLOTTE FOGEL</b>
3.4 CITY-ST-ZIP	<b>7582 GRANVILLE DR. TAMARAC, FL 33321</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DIRECTOR</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>DIRECTOR</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>SECRETARY/TREASURER</b>
6.3 STREET ADDRESS	<b>RICHARD MARINIA</b>
6.4 CITY-ST-ZIP	<b>7552 GRANVILLE DR. TAMARAC, FL 33321</b>

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 of trust(s) 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 with all other filers answered.

SIGNATURE: *Suzanne Juster* DATE: **3-18-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)