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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 C/O EXCLUSIVE PROP. MGT.	2a. Mailing Address 26 C/O EXCLUSIVE PROP. MGT.	3. Date Incorporated or Qualified 03/30/1994
Suite, Apt. #, etc. 22 1280 SW 36 AV. SUITE 301	Suite, Apt. #, etc. 27 1280 SW 36 AV. SUITE 301	4. FEI Number 65-0461935
City & State 23 POMPANO BEACH, FL.	City & State 28 POMPANO BEACH, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 33069 USA	Zip Country 29 33069 USA	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 PAUL JAPITA, PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable) EXCLUSIVE PROP. MGT. 1280 SW 36 AV
83 SUITE 301
84 City POMPANO BEACH, FL 85 Zip Code 33069

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* **MONDGE** DATE: **2/11/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME BEGLEY, MARTIN	
STREET ADDRESS 7534 GRANVILLE DRIVE	
CITY-ST-ZIP TAMARAC FL 33321	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PAUL, HAROLD	
STREET ADDRESS 7546 GRANVILLE DRIVE	
CITY-ST-ZIP TAMARAC FL 33321	
TITLE DS	<input checked="" type="checkbox"/> DELETE
NAME GERKEN, LEE	
STREET ADDRESS 7540 GRANVILLE DR.	
CITY-ST-ZIP TAMARAC FL	
TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME POPIEK, DON	
STREET ADDRESS 7538 GRANVILLE DR.	
CITY-ST-ZIP TAMARAC FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME HELLER, IRVING	
STREET ADDRESS 7572 GRANVILLE DR.	
CITY-ST-ZIP TAMARAC FL 33321	
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	SUZANNE JUSTER
2.3 STREET ADDRESS	7510 GRANVILLE DR.
2.4 CITY-ST-ZIP	TAMARAC, FL 33321
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VICE PRESIDENT
3.3 STREET ADDRESS	CHARLOTTE FOGEL
3.4 CITY-ST-ZIP	7582 GRANVILLE DR. TAMARAC, FL 33321
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SECRETARY/TREASURER
6.3 STREET ADDRESS	RICHARD MARINIA
6.4 CITY-ST-ZIP	7552 GRANVILLE DR. TAMARAC, FL 33321

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)