

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90018 036 ****61.25

DOCUMENT # N94000001590

1. Entity Name

GRANVILLE CONDOMINIUM G ASSOCIATION, INC.

Principal Place of Business

C/O CASTLE MANAGEMENT, INC.
 P.O. BOX 189013
 PLANTATION FL 33318
 US

Mailing Address

C/O CASTLE MANAGEMENT, INC.
 P.O. BOX 189013
 PLANTATION FL 33318-9013
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0461935

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CASTLE MANAGEMENT, INC.
4450 WEST SUNRISE BOULEVARD, SUITE 100
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | RICHATER, MARVIN | |
| STREET ADDRESS | 7552 GRANVILLE DR | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | FAGEL, CHARLOTTE | |
| STREET ADDRESS | 7582 GRANVILLE DR | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | POPILEK, 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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | JUSTER, SUZANNE | |
| STREET ADDRESS | 7510 GRANVILLE DR | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHAI'S, MURRAY | |
| STREET ADDRESS | 7500 GRANVILLE DR. | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOGEL, HY | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GORELICK, MURRAY | |
| STREET ADDRESS | 7524 GRANVILLE DR. | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STEARNS, MARGARET | |
| STREET ADDRESS | 7542 GRANVILLE DR. | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BEECHER, ELAINE | |
| STREET ADDRESS | 7548 GRANVILLE DR. | |
| CITY-ST-ZIP | TAMARAC FL 33321 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Murray Chais* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** *2/100* **Daytime Phone #** *(954) 792-6000*

CR2E037 (9/99)