

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90618 029 \*\*\*\*61.25

0047132

**DOCUMENT # N94000001590**

1. Entity Name

**GRANVILLE CONDOMINIUM G ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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

**726186**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0461935**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Elaine Beecher**

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

**7548 Granville Dr**

City **Tamarac**

**FL**

Zip Code **33321**

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

*Elaine Beecher*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD**  Delete  
 NAME **FAGEL, CHARLOTTE**  
 STREET ADDRESS **7582 GRANVILLE DR**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **Director-Pres**  Change  Addition  
 NAME **Beecher, Elaine**  
 STREET ADDRESS **7548 Granville Dr**  
 CITY-ST-ZIP **Tamarac, FL 33321**

TITLE **VD**  Delete  
 NAME **MURRAY, GORELICK**  
 STREET ADDRESS **7524 GRATVILLE DR**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **Director-VP**  Change  Addition  
 NAME **Fogel, Charlotte**  
 STREET ADDRESS **7582 Granville Dr**  
 CITY-ST-ZIP **Tamarac, FL 33321**

TITLE **PD**  Delete  
 NAME **MURRAY, CHRIS**  
 STREET ADDRESS **7500 GRATVILLE DR**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **Director-VP 2nd**  Change  Addition  
 NAME **Juster, Suzanne**  
 STREET ADDRESS **7510 Granville Dr**  
 CITY-ST-ZIP **Tamarac, FL 33321**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director-Sec**  Change  Addition  
 NAME **Sherman, Norma**  
 STREET ADDRESS **7506 Granville Dr**  
 CITY-ST-ZIP **Tamarac, FL 33321**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Director-Treas**  Change  Addition  
 NAME **Edelman, Puth**  
 STREET ADDRESS **7516 Granville Dr**  
 CITY-ST-ZIP **Tamarac, FL 33321**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Elaine Beecher* **ELAINE BEECHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/01

(954) 724-8363

Daytime Phone #

CR2E037 (10/00)