

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90152 043 ****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
US**

22000908



CHECK HERE IF MAKING CHANGES

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

~~BEECHER, ELAINE
7548 GRANVILLE DR
TAMARAC FL 33321~~

Name **Castle Management Inc.**
Street Address (P.O. Box Number is Not Acceptable)
4450 W. SUNRISE BLVD
Suite C-100
City **Plantation** FL Zip Code **33312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Donnelly, Exec. V.P.

1/30/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	HELLER, IRVING	
STREET ADDRESS	7572 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BEECHER, ELAINE	
STREET ADDRESS	7548 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GERKIN, LEONA	
STREET ADDRESS	7540 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JUSTER, SUZANNE	
STREET ADDRESS	7510 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDELMAN, RUTH	
STREET ADDRESS	7516 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gordon, Sydell	
STREET ADDRESS	7532 Granville Dr.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBOWITZ, myrna	
STREET ADDRESS	7512 Granville Dr.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **Irving Heller, President 1/17/03 (954) 792-6000**

CR2E037 (10/02)