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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004664 (8)

1. Corporation Name

GRANVILLE CONDOMINIUM D ASSOCIATION, INC.



Principal Place of Business

~~M.W.S. RECORDS INC~~  
~~7600 NOB HILL RD.~~  
~~TAMARAC FL 33321~~

Mailing Address

~~700 N.W. 107TH AVE~~  
~~MIAMI FL 33172-3161~~

3. Date Incorporated or Qualified  
09/21/1994

3a. Date of Last Report  
02/08/1996

2. Principal Place of Business

21 4373 ROCK ISLAND RD

2a. Mailing Address

26 4373 ROCK ISLAND RD.

4. FEI Number  
65-0563839

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State

23 LAUDERHILL, FL

City & State

28 LAUDERHILL, FL.

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

Zip

Country

24 33319

25 US

Zip

Country

29 33319

30 US

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WATSKY, MORRIS J~~  
~~700 N.W. 107TH AVE.~~  
~~MIAMI FL 33172~~

MAR 05 1997

2035

81 Name  
FLUEHR, CHRISTOPHER J.

82 Street Address (P.O. Box Number is Not Acceptable)  
4373 ROCK ISLAND RD.

83  
84 City  
LAUDERHILL

85 Zip Code  
FL 33319

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

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Christopher J. Fluehr*

1/9/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RIEFS, MARTIN L	
STREET ADDRESS	7600 NOB HILL RD.	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SCHRAGER, MARLENE	
STREET ADDRESS	7600 NOB HILL RD.	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	PEDONE, SUE	
STREET ADDRESS	7600 NOB HILL RD.	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAIMOWITZ, GERALD	
1.3 STREET ADDRESS	7641 GRANVILLE DR.	
1.4 CITY - ST - ZIP	TAMARAC, FL.	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BROOKFIELD, JIM	
2.3 STREET ADDRESS	7655 GRANVILLE DR.	
2.4 CITY - ST - ZIP	TAMARAC, FL.	
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROTH, GENE	
3.3 STREET ADDRESS	7695 GRANVILLE DR	
3.4 CITY - ST - ZIP	TAMARAC, FL.	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WEINER, ETTA	
4.3 STREET ADDRESS	7653 GRANVILLE DR	
4.4 CITY - ST - ZIP	TAMARAC, FL.	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SIEGEL, CLAIRE	
5.3 STREET ADDRESS	7657 GRANVILLE DR.	
5.4 CITY - ST - ZIP	TAMARAC, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 or trustee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Claire Siegel*

Date

3/6/97

Daytime Phone # 0032627

724-0962

CR2E037 (9/96)