

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90020 017 \*\*\*\*61.25

**DOCUMENT # N94000004664**

1. Entity Name

**GRANVILLE CONDOMINIUM D ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~4373 ROCK ISLAND RD  
 LAUDERHILL FL 33319  
 US~~

**% CASTLE MANAGEMENT, INC.  
 P.O. BOX 189013  
 PLANTATION FL 33318-9013**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**40 Castle Mgmt Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 189013**

City & State

City & State

Zip

Country

Zip

Country

**33318**

**USA**

4. FEI Number

**65-0563839**

Applied For

Not Applicable

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 W. SUNRISE BLVD.  
 SUITE 100  
 PLANTATION FL 33313**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAIMOWITZ, GERALD 7641 GRANVILLE DR TAMARAC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROOKFIELD, JIM 7655 GRANVILLE DR TAMARAC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROTH, GENE 7695 GRANVILLE DR TAMARAC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINER, ETTA 7653 GRANVILLE DR TAMARAC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIEGEL, CLAIRE 7657 GRANVILLE DR TAMARAC FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAIMOWITZ, GERALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gerald Haimowitz* **Gerald Haimowitz, President of 2100 (954) 792-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)