

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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90170 034 ****61.25

DOCUMENT # N94000004664



1. Entity Name
GRANVILLE CONDOMINIUM D ASSOCIATION, INC.

Principal Place of Business
**C/O CASTLE MGMT INC
PO BOX 189013
PLANTATION FL 33318
US**

Mailing Address
**% CASTLE MANAGEMENT, INC.
P.O. BOX 189013
PLANTATION FL 33318**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0563839		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAIMOWITZ, GERALD			NAME			
STREET ADDRESS	7641 GRANVILLE DR			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FUCHS, ELI			NAME			
STREET ADDRESS	7609 GRANVILLE DR			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33321			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROTH, GENE			NAME			
STREET ADDRESS	7695 GRANVILLE DR			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEINER, ETTA			NAME			
STREET ADDRESS	7653 GRANVILLE DR			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIPINSKY, GERALD			NAME			
STREET ADDRESS	7677 GRANVILLE DR.			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Gerald Haimowitz* **Gerald Haimowitz, President 1/17/03 (954) 792-6000**

CR2E037 (10/02)