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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000122 (0)
1. Corporation Name
GRANVILLE CONDOMINIUM E ASSOCIATION, INC.



Principal Place of Business BLDG #E GRANVILLE DRIVE TAMARAC FL 33321 US	Mailing Address 7771 W OAKLAND PARK BLVD #201 FT LAUDERDALE FL 33351 US
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3. Date Incorporated or Qualified 01/10/1995	
4. FEI Number 65-0563842	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**TERTAN, PAUL M
C/O GOLDMAN, JUDA & MARTIN PA
7771 W OAKLAND PARK BLVD #201
FT LAUDERDALE FL 33351**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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: Paul M. Tertan DATE: 3/20/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME SILVERMAN, MARVIN	
STREET ADDRESS 7874 GRANVILLE DR	
CITY-ST-ZIP TAMARAC FL	
TITLE DST	<input checked="" type="checkbox"/> DELETE
NAME FEINGOLD, MORTON	
STREET ADDRESS 7628 GRANVILLE DR	
CITY-ST-ZIP TAMARAC FL	
TITLE DT	<input type="checkbox"/> DELETE
NAME BLITZ, GEORGE	
STREET ADDRESS 7606 GRANVILLE DR	
CITY-ST-ZIP TAMARAC FL	
TITLE DV	<input checked="" type="checkbox"/> DELETE
NAME HORN, PHYLLIS	
STREET ADDRESS 7664 GRANVILLE DR	
CITY-ST-ZIP TAMARAC FL	
TITLE DV	<input type="checkbox"/> DELETE
NAME EPSTEIN, MARILYN	
STREET ADDRESS 7672 GRANVILLE DR	
CITY-ST-ZIP TAMARAC FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DS IRVING MALMAN
1.3 STREET ADDRESS	7670 GRANVILLE DR
1.4 CITY-ST-ZIP	TAMARAC FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DV SHIRLEE ALLEN
2.3 STREET ADDRESS	7656 GRANVILLE DR
2.4 CITY-ST-ZIP	TAMARAC FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DP HORN, PHYLLIS
4.3 STREET ADDRESS	7664 GRANVILLE DRIVE
4.4 CITY-ST-ZIP	TAMARAC, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: Phyllis Horn DATE: 3-9-98 954-724-5582

CF2E037 (10/97)