

FILED
Feb 21, 1999 8:00 am
Secretary of State

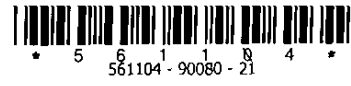
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000000122

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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2. Principal Place of Business 21	2a. Mailing Address 26 1280 SW 36 AV	3. Date Incorporated or Qualified 01/10/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 301	4. FEI Number 65-0563842
City & State 23	City & State 28 POMPANO BEACH, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Zip 29 33069	Country 30 US
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent TERTAN, PAUL M - Granville Condo E Assn Inc G/O GOLDMAN, JUDA S-MARTIN-PA 7771 W OAKLAND PARK BLVD #201 FT LAUDERDALE FL 33351	10. Name and Address of New Registered Agent 81 Name PAUL SAPITA 82 Street Address (P.O. Box Number is Not Acceptable) 1280 SW 36 AV, SUITE 301 83 84 City POMPANO BEACH, FL 85 Zip Code 33069
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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 Sapita* PAUL SAPITA DATE: 5/10/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DSP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALMAN, IRVING	1.2 NAME	
STREET ADDRESS	7870 GRANVILLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEE, ALLEN	2.2 NAME	
STREET ADDRESS	7656 GREENVILLE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLITZ, GEORGE	3.2 NAME	
STREET ADDRESS	7606 GRANVILLE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, PHYLLIS	4.2 NAME	
STREET ADDRESS	7664 GRANVILLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPSTEIN, MARILYN	5.2 NAME	
STREET ADDRESS	7872 GRANVILLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Irving Malman* SIGNATURE REQUIRED: *Irving Malman* Date: 1/10-99 Daytime Phone #: 954-721-2511

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

CR2E037 (1/98)