

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-23-2000 90026 007 ****61.25

DOCUMENT # N95000000122

1. Entity Name

GRANVILLE CONDOMINIUM E ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~BLDG # E
 GRANVILLE DRIVE
 TAMARAC FL 33321
 US~~

~~1280 SW 36 AVE
 #301
 POMPANO BEACH FL 33069-4868
 US~~

2. Principal Place of Business

3. Mailing Address

40 Castle Mgmt Inc.

40 Castle Mgmt Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 189013

P.O. Box 189013

City & State

City & State

Plantation FL

Plantation FL

Zip

Country

Zip

Country

33318

33318



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0563842

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

~~SAPITA PAUL
 1280 SW 36 AVE
 STE 301
 POMPANO BEACH FL 33069~~

Name *Castle Management Inc.*

Street Address (P.O. Box Number is Not Acceptable)
4450 W. Sunrise Blvd.

Suite C-100

City *Plantation*

FL

Zip Code *33313*

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

Eric H. Sanguetta

Eric H. Sanguetta, Vice President

2/2/00

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 Delete
 NAME **DP MALMAN, IRVING**
 STREET ADDRESS **7670 GRANVILLE DR**
 CITY-ST-ZIP **TAMARAC FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV SHIRLEE, ALLEN**
 STREET ADDRESS **7656 GREENVILLE DR**
 CITY-ST-ZIP **TAMARAC FL**

TITLE Change Addition
 NAME **VD DRAYAS, LAURA**
 STREET ADDRESS **7690 GRANVILLE DR.**
 CITY-ST-ZIP **TAMARAC, FL**

TITLE Delete
 NAME **DT BLITZ, GEORGE**
 STREET ADDRESS **7606 GRANVILLE DR**
 CITY-ST-ZIP **TAMARAC FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DV HORN, PHYLLIS**
 STREET ADDRESS **7684 GRANVILLE DR**
 CITY-ST-ZIP **TAMARAC FL**

TITLE Change Addition
 NAME **SD JANOFF, ANETTE**
 STREET ADDRESS **7624 GRANVILLE DR.**
 CITY-ST-ZIP **TAMARAC, FL**

TITLE Delete
 NAME **DS EPSTEIN, MARILYN**
 STREET ADDRESS **7672 GRANVILLE DR**
 CITY-ST-ZIP **TAMARAC FL**

TITLE Change Addition
 NAME **VD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Irving Malman, President 2/2/00 (954) 792-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #