

# 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 #