

FILE NOW: FILING FEE IS \$61.25

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Mar 12 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 # N95000003285 (2)

1. Corporation Name
GRANVILLE CONDOMINIUM B ASSOCIATION, INC.

Principal Place of Business 7600 NOB HILL ROAD TAMARAC FL 33321	Mailing Address M.W.I. BROWARD INC. 4373 ROCK ISLAND RD. LAUDERHILL FL 33319 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/19/1995
4. FEI Number 65-0682531
Applied For 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

9. Name and Address of Current Registered Agent FLUEHER, CHRISTOPHER J 4373 ROCK ISLAND RD. LAUDERHILL FL 33319	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
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RIEFS, MARTIN L <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7600 NOB HILL ROAD	1.2 NAME	
STREET ADDRESS	TAMARAC FL 33321	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SCHRAGER, MARLENE <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7600 NOB HILL ROAD	2.2 NAME	PD RISIN, MURRAY
STREET ADDRESS	TAMARAC FL 33321	2.3 STREET ADDRESS	7713 GRANVILLE DR.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE	STD PEDONE, SUE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7600 NOB HILL ROAD	3.2 NAME	STD RUBENFELD, PAUL
STREET ADDRESS	TAMARAC FL 33321	3.3 STREET ADDRESS	7745 GRANVILLE DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE	DD SEIDON, DELORES <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7791 GRANVILLE DR.	4.2 NAME	VD SEIDON, DELORES
STREET ADDRESS	TAMARAC FL	4.3 STREET ADDRESS	7791 GRANVILLE DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMARAC, FL. 33321
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 _____ 3/4/98 (any) 333-2040

CR2E037 (1097)