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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N95000003285

1. Corporation Name
GRANVILLE CONDOMINIUM B ASSOCIATION, INC.

Principal Place of Business
 7800 NDB HILL ROAD
 TAMARAC FL 33321

Mailing Address
 M.W.I. BROWARD INC.
 4373 ROCK ISLAND RD.
 LAUDERHILL FL 33319
*Exclusive Property Management
 1280 SW 36 Ave
 Suite 301
 Lauderdale*



312116-00043-1

| | | |
|---|-------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21. Suits, Apt. #, etc. | 26. Suits, Apt. #, etc. | 07/19/1995 |
| 22. City & State | 27. City & State | 4. FEI Number |
| 23. Zip | 28. Zip | 65-0682531 |
| 24. Country | 29. Country | Applied For |
| | | Not Applicable |
| 9. Name and Address of Current Registered Agent | | 5. Certificate of Status Desired |
| FLUEHER, CHRISTOPHER J 4373 ROCK ISLAND RD. LAUDERHILL FL 33319 | | <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 |
| | | 10. Name and Address of New Registered Agent |

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------|---|---------------------|
| TITLE | PD | 1.1 TITLE | President |
| NAME | RISIN, MURRAY | 1.2 NAME | LEPHONE POLATNICK P |
| STREET ADDRESS | 7713 GRANVILLE DR | 1.3 STREET ADDRESS | 7709 Granville Dr. |
| CITY-ST-ZIP | TAMARAC FL 33321 | 1.4 CITY-ST-ZIP | Tamarac, FL 33321 |
| TITLE | STD | 2.1 TITLE | Vice Pres |
| NAME | RUBENFELD, PAUL | 2.2 NAME | BERTHA CHARROW DVP |
| STREET ADDRESS | 7745 GRANVILLE DR | 2.3 STREET ADDRESS | 7783 Granville Dr. |
| CITY-ST-ZIP | TAMARAC FL 33321 | 2.4 CITY-ST-ZIP | Tamarac, FL 33321 |
| TITLE | VD | 3.1 TITLE | Treasurer |
| NAME | SEIDON, OLORES | 3.2 NAME | ARNOLD SALZBERG T |
| STREET ADDRESS | 7791 GRANVILLE DR | 3.3 STREET ADDRESS | 7701 Granville Dr. |
| CITY-ST-ZIP | TAMARAC FL 33321 | 3.4 CITY-ST-ZIP | Tamarac, FL 33321 |
| TITLE | | 4.1 TITLE | Secretary |
| NAME | | 4.2 NAME | MYRON JANTONOFF |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 7733 Granville Dr. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Tamarac, FL 33321 |
| TITLE | | 5.1 TITLE | Board Member |
| NAME | | 5.2 NAME | ARLENE HAGGQUIST |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Tamarac, FL 33321 |
| TITLE | | 6.1 TITLE | |
| 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: _____ SIGNATURE REQUIRED _____
Signature and typed or printed name of board officer or director

CR2E037 (11/98)