

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90058 024 ****61.25

DOCUMENT # N95000001712

1. Entity Name

GRANVILLE CONDOMINIUM C ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**CASTLE MANAGEMENT INC
 PO BOX 189013
 PLANTATION FL 33318**

**CASTLE MANAGEMENT INC
 PO BOX 189013
 PLANTATION FL 33318**

905877



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CASTLE MANAGEMENT INC
 4450 W SUNRISE BLVD STE 100
 PLANTATION FL 33313**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
VD	MARKS, LEE	7700 GRANVILLE DR	TAMARAC FL 33321	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	GLIBOFF, SARAH	7722 GRANVILLE DR	TAMARAC FL 33321	<input type="checkbox"/> Delete	TD				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	KLIGMAN, EVELYN	7768 GRANVILLE DR.	TAMARAC FL 33321	<input type="checkbox"/> Delete	D				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete	RD	IVES, STANLEY	7710 Granville Dr.	TAMARAC, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete	SD	COHEN, CEIL	7704 Granville Dr.	TAMARAC, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley Ives, President

Date

Daytime Phone #

1/10/01 (954) 792-6000

CR2E037 (10/00)