

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Granville Condominiu

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90226 047 \*\*\*\*61.25

**DOCUMENT # N95000001712**

1. Entity Name  
**GRANVILLE CONDOMINIUM C ASSOCIATION, INC.**



Principal Place of Business  
**CASTLE MANAGEMENT INC  
PO BOX 189013  
PLANTATION, FL 33318**

Mailing Address  
**CASTLE MANAGEMENT INC  
PO BOX 189013  
PLANTATION, FL 33318**

**50052354**



2. Principal Place of Business  
**C/O CASTLE GROUP**

3. Mailing Address  
**C/O CASTLE GROUP**

Suite, Apt. #, etc.  
**12270 SW 3RD STREET**

Suite, Apt. #, etc.  
**P.O. BOX 559009**

03082005 Chg-NP CR2E037 (10/03)

City & State  
**PLANTATION, FL**

City & State  
**FT. LAUDERDALE, FL**

4. FEI Number  
**65-0813361**

Applied For  
Not Applicable

Zip  
**33325**

Country

Zip  
**33325**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name (CHANGE ADDRESS ONLY)

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

**12270 SW 3RD STREET**

City  
**PLANTATION**

**FL**

Zip Code  
**33325**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **VD** ☒ Delete  
NAME **GLIBOFF, SARAH**  
STREET ADDRESS **7722 GRANVILLE DR**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **VD** ☒ Delete  
NAME **THOMAS, HENRY**  
STREET ADDRESS **7796 GRANVILLE DR**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **PD** ☐ Delete  
NAME **ALMAS, MARVIN**  
STREET ADDRESS **7702 GRANVILLE DR**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **2VP** ☒ Delete  
NAME **LIPTON, STAN**  
STREET ADDRESS **7732 GRANVILLE DR**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33321**

TITLE **SD** ☐ Delete  
NAME **FAMILANT, STANLEY**  
STREET ADDRESS **7770 GRANVILLE DR.**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **1VPD** ☐ Change ☒ Addition  
NAME **MARKUSFELD, CHARLES**  
STREET ADDRESS **7726 GRANVILLE DR.**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **2VPD** ☐ Change ☒ Addition  
NAME **LEE, KEWHI**  
STREET ADDRESS **7788 GRANVILLE DR.**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition  
NAME **SCHENTZEL, MARVIN**  
STREET ADDRESS **7792 GRANVILLE DR.**  
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Change ☐ Addition  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*5/6/05*