

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

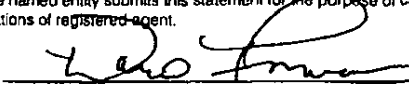
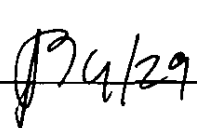
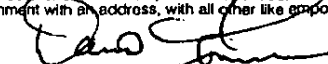
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66007084



02132008 Cng-NP CR2E037 (12/06)

DOCUMENT # N95000001712					
1. Entity Name GRANVILLE CONDOMINIUM C ASSOCIATION, INC.					
Principal Place of Business CASTLE MANAGEMENT INC 12270 SW 3RD ST FORT LAUDERDALE, FL 33325			Mailing Address CASTLE MANAGEMENT INC 12270 SW 3RD ST FORT LAUDERDALE, FL 33325		
2. Principal Place of Business - No P.O. Box # (CORRECT ADDRESS ONLY) Suite, Apt. #, etc.		3. Mailing Address C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009			
City & State PLANTATION, FL		City & State FORT LAUDERDALE, FL		4. FEI Number 65-0813361	
Zip 33325		Country		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALMAS, MAARVIN 7702 GRANVILLE DR TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name DAVID FORMAN Street Address (P.O. Box Number is Not Acceptable) 7780 GRANVILLE DRIVE City TAMARAC FL Zip Code 33321		
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  DATE 3/29/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORMAN, DAVID 7780 GRANVILLE DR. TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP SCHENTZEL, MARVIN 7782 GRANVILLE DR TAMARAC, FL 33321	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLIBOFF, SARAH 7722 GRANVILLE DR TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBER, RUTH 7752 GRANVILLE DR TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAMILANT, STANLEY 7770 GRANVILLE DR. TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARKUSFELD, SANDY 7726 GRANVILLE DR TAMARAC, FL 33321	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE 3/29/08 Daytime Phone # 954-720-9608 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					