Granville Condominium C Association, Inc.

04-17-2008 90161 001 *5,818.75
N95000001712

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000001712

1. Entity Name
GRANVILLE CONDOMINIUM C ASSOCIATION, INC.

FILED
08 APR 29 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66007084

Principal Place of Business	Mailing Address
CASTLE MANAGEMENT INC 12270 SW 3RD ST FORT LAUDERDALE, FL 33325	CASTLE MANAGEMENT INC 12270 SW 3RD ST FORT LAUDERDALE, FL 33325

02132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
(CORRECT ADDRESS ONLY)	C/O CASTLE GROUP
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. BOX 559009
City & State: PLANTATION, FL	City & State: FORT LAUDERDALE, FL
Zip: 33325 Country:	Zip: 33355 Country:

4. FEI Number: 65-0813361 ☐ Applied For ☐ Not Applicable

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
ALMAS, MAARVIN 7702 GRANVILLE DR TAMARAC, FL 33321	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: [signature] 3/29/08
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, 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 7792 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: [signature] 3/29/08 954-720-9608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #