

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90170 035 \*\*\*\*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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0813361**

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. 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

**FILE NOW: FEE IS \$61.25**

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 **TD** ☐ Delete  
NAME **GLIBOFF, SARAH**  
STREET ADDRESS **7722 GRANVILLE DR**  
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **KLIGMAN, EVELYN**  
STREET ADDRESS **7768 GRANVILLE DR.**  
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **PD** ☐ Delete  
NAME **IVES, STANLEY**  
STREET ADDRESS **7710 GRANVILLE DR**  
CITY-ST-ZIP **TAMARAC FL**

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

TITLE **SD** ☒ Delete  
NAME **COHEN, CEIL**  
STREET ADDRESS **7704 GRANVILLE DR**  
CITY-ST-ZIP **TAMARAC FL**

TITLE **SD** ☐ Change ☒ Addition  
NAME **ALMAS, MARVIN**  
STREET ADDRESS **7702 Granville Dr.**  
CITY-ST-ZIP **TAMARAC, FL 33321**

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

TITLE **TD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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:

*Stanley Ives* **REQUIRED Stanley Ives, President 1/17/03 (954) 792-6000**

CR2E037 (10/02)