

N39466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

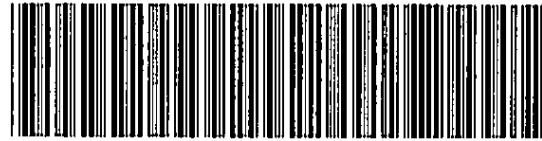
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**SIEGFRIED**

Laura M. Manning-Hudson  
lmanning@siegfriedrivera.com

February 4, 2022

**Sent Via U.S. Mail**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Granville Condominium A Association, Inc. ("Association")**

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for the above-referenced Association, along with the Association's check in the amount of \$35.00 for the filing of same.

Kindly return a copy of the filed Certificate to us in the enclosed, self-addressed envelope. Thank you for your assistance with this matter.

Sincerely,

SIEGFRIED RIVERA



Laura Manning-Hudson, Esq.

LMM/kmr  
Enclosures

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: GRANVILLE CONDOMINIUM A ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: N39466

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bob Zoeller, Manager

Name of Contact Person

c/o Campbell Management

Firm/Company

8010 N. UNIVERSITY DRIVE

Address

TAMARAC, FL 33321

City/State and Zip Code

bzoeller@campbellproperty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Zoeller, Manager

Name of Contact Person

at ( 954 ) 721-4522

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GRANVILLE CONDOMINIUM A ASSOCIATION, INC.  
2. The principal office address: c/o CAMPBELL PROPERTY MANAGEMENT, 7598 GRANVILLE DRIVE,  
TAMARAC, FL 33321  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 8/10/1990 Document number: N39466

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Resigned - formerly: MANNING-HUDSON, LAURA, ESQ

8211 W Broward Blvd # 250

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SKRLD, INC.

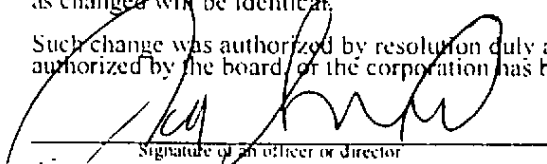
201 Alhambra Circle, 11th Floor

P.O. Box NOT acceptable

Coral Gables, FL 33134

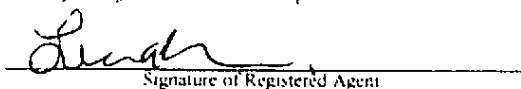
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Ralph Saxe, President  
\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

2/4/2022  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Lisa A. Lerner  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)