

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47422

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** GRANVILLE CONDOMINIUM J ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CASTLE MANAGEMENT INC  
12270 SW 3RD STREET  
PLANTATION, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE MANAGEMENT INC  
P.O. BOX 559009  
FORT LAUDERDALE, FL 33325 US

**New Mailing Address:**

**FEI Number:** 65-0322240      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAPNICK, MICHAEL ESQ.  
100 EAST LINTON BLVD.  
SUITE 502B  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BRODER, LEN  
Address: 7365 GRANVILLE DR.  
City-St-Zip: TAMARAC, FL

Title: 2VP  
Name: GRUBERNICK, BARBARA  
Address: 7323 GRANVILLE DR.  
City-St-Zip: TAMARAC, FL 33321

Title: SD  
Name: COLEN, HOWARD  
Address: 7369 GRANVILLE DR  
City-St-Zip: TAMARAC, FL 33321

Title: TD  
Name: SAPERSTEIN, JERRY  
Address: 7313 GRANVILLE DR  
City-St-Zip: TAMARAC, FL 33321

Title: 1VP  
Name: LEAR, HOWARD  
Address: 7309 GRANVILLE DR  
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A DONNELLY

MGR

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date