

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90256 017 \*\*\*\*61.25

**DOCUMENT # N48161**

1. Entity Name

GRANVILLE NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

CASTLE MANAGEMENT, INC.  
 P.O. BOX 189013  
 PLANTATION FL 33318  
 US

Mailing Address

CASTLE MANAGEMENT, INC.  
 P.O. BOX 189013  
 PLANTATION FL 33318  
 US

24058554



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0337206

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

IVES, STANLEY  
 7710 GRANVILLE DR  
 TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name The Law Offices of Katzman & Korr, P.A.  
 Street 1501 Northwest 49<sup>th</sup> Street, Suite 202  
 City Fort Lauderdale, Florida 33309  
 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

*Ferren L. Korr, Esq. 04/26/04*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	IVES, STAN	
STREET ADDRESS	7710 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAIMOWITZ, GERALD	
STREET ADDRESS	7889 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KRAMEISEN, NORMAN	
STREET ADDRESS	7889 GRANVILLE DRIVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KARPE, STEVE	
STREET ADDRESS	7415 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BRODER, LEN	
STREET ADDRESS	7365 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roth, Eugene	
STREET ADDRESS	7695 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, MARYLYN	
STREET ADDRESS	7672 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eugene Roth, Treas*

*4/15/04*

Date

Daytime Phone #

*954-726-5513*