



Granville Neighborhood Association, Inc.

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90302 023 \*\*\*\*61.25

<b>DOCUMENT # N48161</b>			
1. Entity Name <b>GRANVILLE NEIGHBORHOOD ASSOCIATION, INC.</b>			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD ST FORT LAUDERDALE, FL 33325 US		Mailing Address C/O CASTLE GROUP 12270 SW 3RD ST FORT LAUDERDALE, FL 33325 US	
2. Principal Place of Business		3. Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355	
Suite, Apt. #, etc.		City & State FORT LAUDERDALE, FL	
City & State		4. FEI Number 65-0337206	
Zip 33355		Country	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE LAW OFFICES OF KATZMAN & KORR, P.A. 1501 NORTHWEST 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent 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			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD ROTH, EUGENE 7695 GRANVILLE DR. TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELMA, LANE 7537 GRANVILLE DR TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REIDLICH, GEORGE 7400 GRANVILLE DR TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAMISEN, NORMAN 7889 GRANVILLE DRIVE TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KARPE, STEVE 7415 GRANVILLE DR TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMAS, MARVIN 7702 GRANVILLE DR TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 		Date: 5/3/06 Daytime Phone #: 954-718-1469	