

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-17-2008 90T61001*3,818.75
N48161

FILED


08 APR 29 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66007091



02132008 Chg-NP CR2E037 (12/06)

DOCUMENT # N48161			
1. Entity Name GRANVILLE NEIGHBORHOOD ASSOCIATION, INC.			
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 - No P.O. Box # (CORRECT ADDRESS ONLY) Suite, Apt. #, etc.		3. Mailing Address C/O CASTLE GROUP P.O. BOX 559009 City & State FORT LAUDERDALE, FL	
City & State PLANTATION, FL		City & State FORT LAUDERDALE, FL	
Zip 33325	Country	Zip 33355	Country
4. FEI Number 65-0337206		Applied For <input type="checkbox"/> Not Applicable	
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, 2008		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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V BRODER, LEN 7365 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	PD KRAEISEN, NORMAN 7889 GRANVILLE DRIVE TAMARAC, FL 33321 <input checked="" 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	SD BRAUN, HANNIS 7877 GRANVILLE DRIVE TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAUN, HANNIS 7547 GRANVILLE DRIVE TAMARAC, FL 33321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENFELD, LOUIS 7763 GRANVILLE DRIVE TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SEE ATTACHED) <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 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: <u>EUGENE ROTH</u>		Date: <u>3/26/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

66007091

GRANVILLE NEIGHBORHOOD ASSOCIATION, INC.
DOCUMENT NUMBER N48161

ADDITIONAL OFFICERS AND DIRECTORS;

#6 SECRETARY AND DIRECTOR
GROSS, LORRAINE
7492 GRANVILLE DR
TAMARAC, FL 33321

#7 DIRECTOR
SCHNEIDER, ED
7893 GRANVILLE DR
TAMARAC, FL 33321

#8 DIRECTOR
FORMAN, DAVID
7780 GRANVILLE DR
TAMARAC, FL 33321

#9 DIRECTOR
BLITZ, GEORGE
7606 GRANVILLE DR
TAMARAC, FL 33321

#10 DIRECTOR
MYERSON, NORMA
7570 GRANVILLE DR
TAMARAC, FL 33321