


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

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

04-28-2004 90256 025 ****61.25

DOCUMENT # N93000000185

1. Entity Name
GRANVILLE CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business Mailing Address

% CASTLE MANAGEMENT INC % CASTLE MANAGEMENT INC
 PO BOX 189013 PO BOX 189013
 PLANTATION FL 33318 PLANTATION FL 33318
 US US

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 Applied For

65-0391860 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

CASTLE MANAGEMENT INC
4450 W SUNRISE BLVD STE 100
PLANTATION FL 33313

7. Name and Address of New Registered Agent

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

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: *Farren L. Korr, Esq.* DATE: *4/15/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	KARPE, STEPHEN	
STREET ADDRESS	7415 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHERMAN, BERT	
STREET ADDRESS	7413 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EPSTEIN, JERRY	
STREET ADDRESS	7473 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZAYLE, BARBARA	
STREET ADDRESS	7471 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSEN, CAROL	
STREET ADDRESS	7439 GRANVILLE DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Stephen Karpe* Date: *4/15/04* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR