

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


Granville Condomini  
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**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90225 021 \*\*\*\*61.25

**DOCUMENT # N93000000185**

1. Entity Name  
**GRANVILLE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
% CASTLE MANAGEMENT INC  
PO BOX 189013  
PLANTATION, FL 33318 US

Mailing Address  
% CASTLE MANAGEMENT INC  
PO BOX 189013  
PLANTATION, FL 33318 US

66022712



2. Principal Place of Business  
C/O CASTLE GROUP  
Suite, Apt. #, etc.

3. Mailing Address  
C/O CASTLE GROUP  
Suite, Apt. #, etc.

03082005 Chg-NP CR2E037 (10/03)

12270 SW 3RD STREET  
City & State

P.O. BOX 559009  
City & State

4. FEI Number  
65-0391860

Applied For  
 Not Applicable

PLANTATION, FL Country  
Zip 33325

FT. LAUDERDALE, FL Country  
Zip 33325

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

33325 B. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATZMAN & KORR, P.A.  
1501 NORTHWEST 49TH STREET, SUITE 202  
FORT LAUDERDALE, FL 33309

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when releasing)

Filing Fee is \$61.25 Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARPE, STEPHEN 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	VD SHERMAN, BERT 7413 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	VD EPSTEIN, JERRY 7473 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	TD ZAYLE, BARBARA 7471 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 ROSEN, CAROL 7439 GRANVILLE DR FORT LAUDERDALE, 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	<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 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 my address, with all other like empowerments.

SIGNATURE: Stephen Karpe President 6/3/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR