


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-08-2006 90301 001 ****61.25

DOCUMENT # N93000000185

1. Entity Name
GRANVILLE CONDOMINIUM I ASSOCIATION, INC.



Principal Place of Business C/O CASTLE GROUP 12278 SW 3RD STREET PLANTATION, FL 33325 US	Mailing Address C/O CASTLE GROUP PO BOX 559009 FORT LAUDERDALE, FL 33325 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

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

40088100



04152006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0391860	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (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. **\$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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Stephen Karpe* **5/3/06** **9547261162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #