


Granville Condominium I Association, Inc.

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-17-2008 90161 001 *5,818.75
N9300000185

DOCUMENT # N9300000185

1. Entity Name
GRANVILLE CONDOMINIUM I ASSOCIATION, INC.



FILED
08 APR 29 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66007090



Principal Place of Business Mailing Address
C/O CASTLE GROUP C/O CASTLE GROUP
12278 SW 3RD STREET PO BOX 559009
PLANTATION, FL 33325 US FORT LAUDERDALE, FL 33325 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
INCORRECT ADDRESS ONLY C/O CASTLE GROUP
Suite, Apt. #, etc. Suite, Apt. #, etc.
12270 SW 3RD STREET P.O. BOX 559009
City & State City & State
FORT LAUDERDALE, FL
Zip Country Zip Country
33355 33355

02132008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0391860 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
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 _____ (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. \$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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (CORRECT ADDRESS ONLY) TAMARAC, FL 33321
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 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 employees.

SIGNATURE: Stephen Karpe Date: 3/25/08 Daytime Phone # _____