

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000185

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** GRANVILLE CONDOMINIUM I ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CASTLE GROUP  
12270 SW 3RD STREET  
PLANTATION, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE GROUP  
PO BOX 559009  
FORT LAUDERDALE, FL 33355 US

**New Mailing Address:**

**FEI Number:** 65-0391860      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAPNICK COMMUNITY ASSOCIATION LAW  
100 EAST LINTON BLVD  
SUITE 502-B  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KARPE, STEPHEN  
Address: 7415 GRANVILLE DR.  
City-St-Zip: TAMARAC, FL 33321

Title: 1VP  
Name: MUND, SARA  
Address: 7459 GRANVILLE DR.  
City-St-Zip: TAMARAC, FL 33321

Title: 2VP  
Name: ZEFFIRO, RON  
Address: 7463 GRANVILLE DR  
City-St-Zip: TAMARAC, FL 33321

Title: TD  
Name: ZAYLE, BARBARA  
Address: 7471 GRANVILLE DR  
City-St-Zip: TAMARAC, FL 33321

Title: SD  
Name: ROSEN, CAROL  
Address: 7439 GRANVILLE DR  
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date