

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


Granville Condomir

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90226 044 \*\*\*\*61.25

**DOCUMENT # N93000004198**

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



Principal Place of Business  
 CASTLE MANAGEMENT, INC.  
 P.O. BOX 189013  
 PLANTATION, FL 33318 US

Mailing Address  
 CASTLE MANAGEMENT, INC.  
 P.O. BOX 189013  
 PLANTATION, FL 33318 US

**50052357**



2. Principal Place of Business  
 C/O CASTLE GROUP

3. Mailing Address  
 C/O CASTLE GROUP

Suite, Apt. #, etc.  
 12270 SW 3RD STREET

Suite, Apt. #, etc.  
 P.O. BOX 559009

03082005 Chg-NP CR2E037 (10/03)

City & State  
 PLANTATION, FL

City & State  
 FT. LAUDERDALE, FL

4. FEI Number  
 65-0531655

Applied For  
 Not Applicable

Zip  
 33325

Country

Zip  
 33325

Country

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

**6. Name and Address of Current Registered Agent**

RUBIN, ARTHUR J.  
 7505 GRANVILLE DRIVE  
 TAMARAC, FL 33321

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

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, SELMA 7537 GRANVILLE DRIVE TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FLACKER, LEONARD 7545 GRANVILLE DR. TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDWASSER, RICHARD 7577 GRANVILLE DRIVE TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GINSBURG, DEJA 7595 GRANVILLE DR. TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAUN, HANNS 7547 GRANVILLE DR. TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 an address, with all other like empowered.

**SIGNATURE:** *Selma Lane President* **954 726-1777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #