

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


Granville Condominit

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

05-13-2005 90226 038 ****61.25

DOCUMENT # N93000004551

1. Entity Name
GRANVILLE CONDOMINIUM H ASSOCIATION, INC.



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

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

50052363



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
PLANTATION, FL

P.O. BOX 559009
 City & State
FT. LAUDERDALE, FL

4. FEI Number
65-0439800

Applied For
 Not Applicable

33325 Country
 33325 Country

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

6. Name and Address of Current Registered Agent
CASTLE MANAGEMENT INC
4450 W SUNRISE BLVD STE 100
PLANTATION, FL 33313

7. Name and Address of New Registered Agent

Name (CHANGE ADDRESS ONLY)
 Street Address (P.O. Box Number is Not Acceptable)
12270 SW 3RD STREET
 City **PLANTATION** FL Zip Code **33325**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **BAUMGARTEN, RONALD**
 STREET ADDRESS **7408 GRANVILLE DR.**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **2VPD** Change Addition

TITLE **VD** Delete
 NAME **EDELSON, ELLIOTT**
 STREET ADDRESS **7446 GRANVILLE DR.**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **1VPD** Change Addition

TITLE **VD** Delete
 NAME **DRESHER, MILTON**
 STREET ADDRESS **7428 GRANVILLE DR**
 CITY-ST-ZIP **TAMARAC, FL**

TITLE Change Addition

TITLE **SD** Delete
 NAME **DRUBYCH, ROBERT**
 STREET ADDRESS **7478 GRANVILLE DR.**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **STD** Change Addition

TITLE **PD** Delete
 NAME **REIDLICH, GEORGE**
 STREET ADDRESS **7400 GRANVILLE DR.**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE Change Addition

TITLE Delete

TITLE Change 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: George Reidlich / GEORGE REIDLICH 5-4-05 954-726-0496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #