


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90065 014 \*\*\*\*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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



02152007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0439800** Applied For  
 Not Applicable

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  
 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, 2007**

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	2VPD	<input checked="" type="checkbox"/> Delete	TITLE	1VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMGARTEN, RONALD		NAME	BARBARA ELLENTHAL	
STREET ADDRESS	7408 GRANVILLE DR.		STREET ADDRESS	7456 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSON, ELLIOTT		NAME	LOURANE GROSS	
STREET ADDRESS	7446 GRANVILLE DR.		STREET ADDRESS	7492 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	SECY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUBYCH, ROBERT		NAME	LOUI KATINE	
STREET ADDRESS	7478 GRANVILLE DR.		STREET ADDRESS	7488 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TRGS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIDLICH, GEORGE		NAME	MARVIN SMITH	
STREET ADDRESS	7400 GRANVILLE DR.		STREET ADDRESS	7432 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete	TITLE	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	BERNARD SUNNENSCHWIN	
STREET ADDRESS			STREET ADDRESS	7440 GRANVILLE DR.	
CITY-ST-ZIP			CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Lourane Gross Date: 3/19/07 Daytime Phone #: 914-720-8831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR