

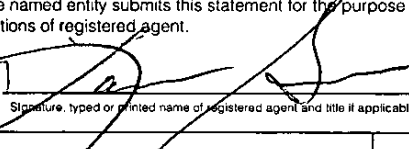



# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N93000004551</b> 1. Entity Name <b>GRANVILLE CONDOMINIUM H ASSOCIATION, INC.</b>				<b>FILED</b>  07 JUL 10 PM 12:41  DEPT. OF STATE TALLAHASSEE, FLORIDA  	
Principal Place of Business CASTLE MANAGEMENT INC PO BOX 189013 PLANTATION, FL 33318		Mailing Address CASTLE MANAGEMENT INC PO BOX 189013 PLANTATION, FL 33318		06192007 Chg-NP CR2E037 (12/06)  4. FEI Number <b>65-0439800</b> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
2. Principal Place of Business - No P.O. Box # <b>C/O CASTLE GROUP</b> Suite, Apt. #, etc. <b>12270 SW 3RD STREET, STE 200</b>		3. Mailing Address <b>C/O CASTLE GROUP</b> Suite, Apt. #, etc. <b>P O BOX 559009</b>			
City & State <b>PLANTATION, FL</b>		City & State <b>FORT LAUDERDALE, FL</b>			
Zip <b>33325</b>	Country	Zip <b>33355</b>	Country		
6. Name and Address of Current Registered Agent  <b>CASTLE MANAGEMENT INC</b> <b>4450 W SUNRISE BLVD STE 100</b> <b>PLANTATION, FL 33313</b>				7. Name and Address of New Registered Agent Name <b>LORRAINE GROSS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7492 GRANVILLE DR</b> City <b>TAMARAC</b> <b>FL</b> Zip Code <b>33321</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD ELLENTHAL, BARBARA 7456 GRANVILLE DR. TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500106257835</b> <b>07/17/07--01018--003 **61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUES, LORRAINE 7492 GRANVILLE DR. TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GROSS, LORRAINE</b> <b>(CORRECT SPELLING ONLY)</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATINE, LONI 7488 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	T SMITH, MARVIN 7432 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	VPD SUNNENSEMEIN, BERNARD 7440 GRANVILLE DR. TAMARAC, FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SONENSHEIN, BERNARD</b> <b>(CORRECT SPELLING ONLY)</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 an address, with all other like empowered.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>6/22/07</b> Daytime Phone # <b>954-720-8831</b>		