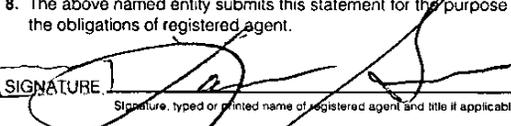
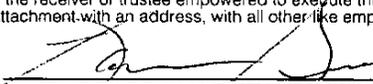


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N93000004551 1. Entity Name GRANVILLE CONDOMINIUM H ASSOCIATION, INC.			<p style="font-size: 2em; font-weight: bold;">FILED</p> <p>07 JUL 10 PM 12:41</p> <p>STATE DEPARTMENT OF STATE TALLAHASSEE, FLORIDA</p> 
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 # C/O CASTLE GROUP Suite, Apt. #, etc. 12270 SW 3RD STREET, STE 200 City & State PLANTATION, FL Zip 33325		3. Mailing Address C/O CASTLE GROUP Suite, Apt. #, etc. P O BOX 559009 City & State FORT LAUDERDALE, FL Zip 33355	
4. FEI Number 65-0439800		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 LORRAINE GROSS Street Address (P.O. Box Number is Not Acceptable) 7492 GRANVILLE DR City TAMARAC FL Zip Code 33321	
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:	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 NAME STREET ADDRESS CITY-ST-ZIP	1VPD ELLENTHAL, BARBARA 7456 GRANVILLE DR. TAMARAC, FL 33321	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500106257835 07/17/07--01018--003 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUES, LORRAINE 7492 GRANVILLE DR. TAMARAC, FL 33321	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GROSS, LORRAINE (CORRECT SPELLING ONLY)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATINE, LONI 7488 GRANVILLE DR. TAMARAC, FL 33321	<input type="checkbox"/> Delete	<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	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SONENSHEIN, BERNARD (CORRECT SPELLING ONLY)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<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.			
SIGNATURE: 		Date: 6/22/07 Daytime Phone #: 954-720-8831	

06 2/12