

Granville Condominium H Association, Inc.

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

04-17-2008 90161 001 *5,818.75
N93000004551

DOCUMENT # N93000004551			
1. Entity Name GRANVILLE CONDOMINIUM H ASSOCIATION, INC.			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET, STE. 200 PLANTATION, FL 33325 US		Mailing Address C/O CASTLE GROUP P.O. BOX 559009 FORT LAUDERDALE, FL 33355 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 GROSS, LORRAINE 7492 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ELLENTHAL, BARBARA 7486 GRANVILLE DR TAMARAC, FL 33321 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, LORRAINE 7492 GRANVILLE DR. TAMARAC, FL 33321 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KATINE, LONI 7488 GRANVILLE DR. TAMARAC, FL 33321 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, MARVIN 7432 GRANVILLE DR. TAMARAC, FL 33321 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SONENSHEIN, BERNARD 7440 GRANVILLE DR. TAMARAC, FL 33321 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREEDMAN, JOY 7456 GRANVILLE DR TAMARAC, FL 33321 ☐ Change ☒ 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: _____		3/26/08 (924) 770-8831	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	