


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

Granville Condomini

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

05-13-2005 90226 043 ****61.25

DOCUMENT # N94000001590	
1. Entity Name GRANVILLE CONDOMINIUM G ASSOCIATION, INC.	

Principal Place of Business C/O CASTLE MANAGEMENT, INC. P.O. BOX 189013 PLANTATION, FL 33318 US	Mailing Address C/O CASTLE MANAGEMENT, INC. P.O. BOX 189013 PLANTATION, FL 33318 US
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50052358



2. Principal Place of Business C/O CASTLE GROUP Suite, Apt. #, etc. 12270 SW 3RD STREET City & State PLANTATION, FL Zip 33325	3. Mailing Address C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009 City & State FT. LAUDERDALE, FL Zip 33325
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03082005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0461935	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE LAW OFFICES OF KATZAMAN & KORR, P.A. 1501 NORTHWEST 49TH ST., STE 202 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HELLER, IRVING 7572 GRANVILLE DR TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORDON, SYDELL 7532 GRANVILLE DR. TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEBOWITZ, MYRNA 7512 GRANVILLE DR. TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD EDELMAN, RUTH 7516 GRANVILLE DR TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEECHER, ELAINE 7548 GRANVILLE DR. TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD JUSTER, SUZANNE 7510 GRANVILLE DR. TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD KIRSON, DOC 7560 GRANVILLE DR. TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDMAN, ELAINE 7586 GRANVILLE DR. TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENBERG, JACK 7520 GRANVILLE DR. TAMARAC, FL 33321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(f), 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 _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR