


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90301 002 ****61.25

DOCUMENT # N94000001590 1. Entity Name GRANVILLE CONDOMINIUM G ASSOCIATION, INC.	
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Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US	Mailing Address C/O CASTLE GROUP PO BOX559009 FORT LAUDERDALE, FL 33325 US
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40088000



2. Principal Place of Business	3. Mailing Address	04152006 Chg-NP CR2E037 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	4. FEI Number 65-0461935
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD BEECHER, ELAINE	TITLE	PD MYERSON, NORMA
NAME	7548 GRANVILLE DR	NAME	7570 GRANVILLE DR
STREET ADDRESS	TAMARAC, FL 33321	STREET ADDRESS	TAMARAC, FL 33321
CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	1VPD JUSTER, SUZANNE	TITLE	.VPD CORNICELLO, RUTH
NAME	7510 GRANVILLE DR	NAME	7556 GRANVILLE DR
STREET ADDRESS	TAMARAC, FL 33321	STREET ADDRESS	TAMARAC, FL 33321
CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	2VPD KIRSON, DOC	TITLE	TD
NAME	7560 GRANVILLE DR	NAME	
STREET ADDRESS	TAMARAC, FL 33321	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD GOLDMAN, ELAINE	TITLE	
NAME	7586 GRANVILLE DR	NAME	
STREET ADDRESS	TAMARAC, FL 33321	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD GREENBERG, JACK	TITLE	VPD HELLER, IRVING
NAME	7520 GRANVILLE DR	NAME	7572 GRANVILLE DR
STREET ADDRESS	TAMARAC, FL 33321	STREET ADDRESS	TAMARAC, FL 33321
CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

SIGNATURE: *Norm Myerson* Date: 5/3/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #