

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

04-17-2008 90161 001 \*3,818.75  
N94000001590

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66007088



<b>DOCUMENT # N94000001590</b>					
1. Entry Name <b>GRANVILLE CONDOMINIUM G ASSOCIATION, INC.</b>					
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		
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 <b>65-0461935</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE LAW OFFICES OF KATZAMAN & KORR, P.A. 1501 NORTHWEST 49TH ST., STE 202 FORT LAUDERDALE, FL 33309			Name <b>KATZMAN &amp; KORR, P.A.</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>INCORRECT FIRM NAME ONLY</b>		
			City	<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MYERSON, NORMA		NAME	<b>INCORRECT ADDRESS ONLY</b>	
STREET ADDRESS	7570 GRANVILLE DR		STREET ADDRESS	<b>TAMARAC, FL 33321</b>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORNICELLO, RUTH		NAME	<b>2VP</b>	
STREET ADDRESS	7558 GRANVILLE DR		STREET ADDRESS	<b>KUSNITZ, PHYLLIS</b>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		CITY-ST-ZIP	<b>7506 GRANVILLE DR</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRSON, DOC		NAME	<b>VPD</b>	
STREET ADDRESS	7560 GRANVILLE DR		STREET ADDRESS	<b>JUSTER, SUZANNE</b>	
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP	<b>7510 GRANVILLE DR</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDMAN, ELAINE		NAME	<b>TAMARAC, FL 33321</b>	
STREET ADDRESS	7588 GRANVILLE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMARAC, FL 33321		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HELLER, IRVING		NAME	<b>VPD</b>	
STREET ADDRESS	7572 GRANVILLE DR		STREET ADDRESS	<b>JUSTER, SUZANNE</b>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321		CITY-ST-ZIP	<b>7510 GRANVILLE DR</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>Norma Myerson Pres.</i></u> <u>3-25-08</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					