

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90256 020 ****61.25

DOCUMENT # N94000004664
 1. Entity Name
GRANVILLE CONDOMINIUM D ASSOCIATION, INC.



Principal Place of Business: **C/O CASTLE MGMT INC, PO BOX 189013, PLANTATION FL 33318, US**
 Mailing Address: **% CASTLE MANAGEMENT, INC., P.O. BOX 189013, PLANTATION FL 33318**

XXXXXXXXXX



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: [Blank]
 Zip: [Blank] Country: [Blank]

4. FEI Number: **65-0563839**
 Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CASTLE MANAGEMENT, INC.
 4450 W. SUNRISE BLVD.
 SUITE 100
 PLANTATION FL 33313**

7. Name and Address of New Registered Agent
 Name: **The Law Offices of Katzman & Korr, P.A.**
 Street Address: **1501 Northwest 49th Street, Suite 202**
 City: **Fort Lauderdale, Florida 33309**

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: *[Signature]* **Frederic L. Korr, Esq. 04/26/04**
 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD HAIMOWITZ, GERALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	7641 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE NAME	VD FUCHS, ELI	<input type="checkbox"/> Delete
STREET ADDRESS	7609 GRANVILLE DR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33321	
TITLE NAME	VTD ROTH, GENE	<input type="checkbox"/> Delete
STREET ADDRESS	7695 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE NAME	SD WEINER, ETTA	<input type="checkbox"/> Delete
STREET ADDRESS	7653 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC FL	
TITLE NAME	VD LIPINSKY, GERALD	<input type="checkbox"/> Delete
STREET ADDRESS	7677 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC FL	
TITLE NAME	[Blank]	<input type="checkbox"/> Delete
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE NAME	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE NAME	PD [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	[Blank]	
CITY-ST-ZIP	[Blank]	
TITLE NAME	VD [Blank]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Jaffe, Mont 7635 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **4/14/04** **954-726-5513**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #