


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90057 027 ****61.25

DOCUMENT # N94000004664

1. Entity Name
GRANVILLE CONDOMINIUM D ASSOCIATION, INC.




Principal Place of Business
**C/O CASTLE GROUP
 12270 SW 3RD ST
 FORT LAUDERDALE, FL 33325 US**

Mailing Address
**C/O CASTLE GROUP
 12270 SW 3RD ST
 FORT LAUDERDALE, FL 33325 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



02152007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0563839

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LO OF KATZMAN & KORR, P.A.
 1501 NORTHWEST 49TH STREET
 SUITE 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

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 \$61.25¹ Due by May 1, 2007

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

Make check payable to Florida Department of State

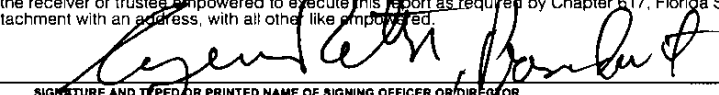
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROTH, GENE	
STREET ADDRESS	7695 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEINER, ETTA	
STREET ADDRESS	7653 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LIPINSKY, GERALD	
STREET ADDRESS	7677 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAFFE, MORT	
STREET ADDRESS	7635 GRANVILLE DR	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUCHS, ELI	
STREET ADDRESS	7609 GRANVILLE DR.	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:  **3/15/07** **954-766-5513**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #