


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

04-17-2008 90161 001 \*5,818.75  
N94000004664

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



FILED  
08 APR 29 PM 1:58

SECRETARY OF STATE  
66007085 TALLAHASSEE, FLORIDA



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**ICORRECT ADDRESS ONLY** C/O CASTLE GROUP  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
P.O. BOX 559009

02132008 Chg-NP CR2E037 (12/06)

City & State City & State  
PLANTATION, FL FORT LAUDERDALE, FL  
Zip Country Zip Country  
33325 33355

4. FEI Number Applied For  
65-0563839 Not Applicable

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  
KATZMAN & KORR, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
**ICORRECT FIRM NAME ONLY**  
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 \$61.25 Due by May 1, 2008**

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 STREET ADDRESS CITY-ST-ZIP	PD ROTH, GENE 7695 GRANVILLE DR TAMARAC, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINER, ETTA 7653 GRANVILLE DR TAMARAC, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIPINSKY, GERALD 7677 GRANVILLE DR. TAMARAC, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAFFE, MORT 7635 GRANVILLE DR TAMARAC, FL 33321	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUCHS, ELI 7609 GRANVILLE DR. TAMARAC, FL 33321	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MW/29</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP	<input checked="" type="checkbox"/> Change <input 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 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: *Eugen Fuchs, President, EUGEN FUCHS* Date: *3/26/08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR