


# 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  
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 #  
**ICORRECT ADDRESS ONLY**

3. Mailing Address  
**C/O CASTLE GROUP**  
**P.O. BOX 559009**

02132008 Chg-NP CR2E037 (12/06)

City & State  
**PLANTATION, FL**

City & State  
**FORT LAUDERDALE, FL**

Zip  
**33325** Country

Zip  
**33355** Country

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

**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>[Handwritten Signature]</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ZVP</b>	<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: *[Handwritten Signature]* President, EUGENE ROTH 3/26/08

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