

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004664

FILED
Feb 23, 2009
Secretary of State

Entity Name: GRANVILLE CONDOMINIUM D ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASTLE GROUP
12270 SW 3RD ST
PLANTATION, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FORT LAUDERDALE, FL 33355

New Mailing Address:

FEI Number: 65-0563839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROTH, GENE
Address: 7695 GRANVILLE DR
City-St-Zip: TAMARAC, FL

Title: SD () Delete
Name: WEINER, ETTA
Address: 7653 GRANVILLE DR
City-St-Zip: TAMARAC, FL

Title: TD () Delete
Name: LIPINSKY, GERALD
Address: 7677 GRANVILLE DR.
City-St-Zip: TAMARAC, FL

Title: VD () Delete
Name: JAFFE, MORT
Address: 7635 GRANVILLE DR
City-St-Zip: TAMARAC, FL 33321

Title: 2V () Delete
Name: FUCHS, ELI
Address: 7609 GRANVILLE DR.
City-St-Zip: TAMARAC, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VP (X) Change () Addition
Name: LIPINSKY, GERALD
Address: 7677 GRANVILLE DR.
City-St-Zip: TAMARAC, FL

Title: 1VP (X) Change () Addition
Name: JAFFE, MORT
Address: 7635 GRANVILLE DR
City-St-Zip: TAMARAC, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: SOLOCHECK, MELVIN
Address: 7661 GRANVILLE DRIVE
City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. DONNELLY

MGR

02/23/2009

Electronic Signature of Signing Officer or Director

_____ Date