

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90019 036 ****61.25

DOCUMENT # N95000000122

1. Entity Name

GRANVILLE CONDOMINIUM E ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O CASTLE MGMT INC
 P.O. BOX 189013
 PLANTATION FL 33318
 US**

**C/O CASTLE MGMT INC
 P.O. BOX 189013
 PLANTATION FL 33318
 US**

BU020013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0563842

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTLE MANAGEMENT INC
 4450 W. SUNRISE BLVD
 STE C-100
 PLANTATION FL 33313**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	KD	MALMAN, IRVING	7670 GRANVILLE DR TAMARAC FL	<input type="checkbox"/>		VD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	VD	DRAWAS, LAURA	7690 GRANVILLE DR. TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	TD	BLITZ, GEORGE	7606 GRANVILLE DR TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SD	JANOFF, ANETTE	7624 GRANVILLE DR. TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	PD	EPSTEIN, MARILYN	7672 GRANVILLE DR TAMARAC FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Marilyn Epstein* **MARILYN EPSTEIN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1/19/02** Daytime Phone #: **(954) 720-1631**

CR2E037 (9/01)