


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

Granville Condominiu

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90117 043 ****61.25

DOCUMENT # N95000000122	
1. Entity Name GRANVILLE CONDOMINIUM E ASSOCIATION, INC.	

Principal Place of Business C/O CASTLE MGMT INC P.O. BOX 189013 PLANTATION, FL 33318 US	Mailing Address C/O CASTLE MGMT INC P.O. BOX 189013 PLANTATION, FL 33318 US
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2. Principal Place of Business C/O CASTLE GROUP	3. Mailing Address C/O CASTLE GROUP
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Suite, Apt. #, etc. 12270 SW 3RD STREET	Suite, Apt. #, etc. P.O. BOX 559009
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City & State PLANTATION, FL	City & State FT. LAUDERDALE, FL
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Zip 33325	Country	Zip 33325	Country
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03082005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0563842	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 (CHANGE ADDRESS ONLY)
	Street Address (P.O. Box Number is Not Acceptable)
	12270 SW 3RD STREET
	City PLANTATION FL Zip Code 33325

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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINDEN, STAN 7684 GRANVILLE DR TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRAWAS, LAURA 7690 GRANVILLE DR. TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLITZ, GEORGE 7606 GRANVILLE DR TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JANOFF, ANETTE 7624 GRANVILLE DR. TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANOFF, ANETTE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPSTEIN, MARILYN 7672 GRANVILLE DR TAMARAC, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: George Blitz **GEORGE BLITZ, TREASURER** 5-3/05 954-792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #