


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N9500000122			
1. Entity Name GRANVILLE CONDOMINIUM E ASSOCIATION, INC.			
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325 US		Mailing Address C/O CASTLE GROUP PO BOX 559009 FORT LAUDERDALE, FL 33325 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GEORGE, BLITZ 7600 GRANVILLE DR FORT LAUDERDALE, FL 33321		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		7606 GRANVILLE DRIVE (CORRECT ADDRESS ONLY)	
		City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$81.25 Due by May 1, 2008		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD BLACK, VIVIAN <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7654 GRANVILLE DR	STREET ADDRESS	(CORRECT ADDRESS ONLY)
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321	CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	ZVP DRAWAS, LAURA <input checked="" type="checkbox"/> Delete	TITLE	ZVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	7690 GRANVILLE DR.	STREET ADDRESS	KESSLER, MARCIA
CITY-ST-ZIP	TAMARAC, FL	CITY-ST-ZIP	7662 GRANVILLE DR TAMARAC, FL 33321
TITLE	PD BLITZ, GEORGE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7606 GRANVILLE DR	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL	CITY-ST-ZIP	
TITLE	TSD EPSTEIN, HENRY <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7672 GRANVILLE DR	STREET ADDRESS	(CORRECT ADDRESS ONLY)
CITY-ST-ZIP	FORT LAUDERDALE, FL 33321	CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<i>George Blitz</i>
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 or other like empowered.			
SIGNATURE: <i>George Blitz</i>		PRES: GEORGE BLITZ	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/28/08 Daytime Phone #: 954-724-5478	

FILED
08 APR 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
66007086



02132008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0563842 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

TAMARAC