

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000122

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** GRANVILLE CONDOMINIUM E ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CASTLE GROUP  
PO BOX 559009  
FORT LAUDERDALE, FL 33325 US

**New Mailing Address:**

**FEI Number:** 65-0563842      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAPNICK, MICHAEL ESQ.  
100 E. LINTON BLVD  
SUITE 502B  
DELRAY BEACH, FL 33483 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: 2VP  
Name: SUTTON, LORRAINE  
Address: 7660 GRANVILLE DR  
City-St-Zip: TAMARAC, FL 33321

Title: SD  
Name: SOKOLOW, LUCILLE  
Address: 7658 GRANVILLE DR  
City-St-Zip: TAMARAC, FL 33321

Title: TD  
Name: BLITZ, GEORGE  
Address: 7606 GRANVILLE DR  
City-St-Zip: TAMARAC, FL

Title: PD  
Name: EPSTEIN, HENRY  
Address: 7672 GRANVILLE DR  
City-St-Zip: TAMARAC, FL 33321

Title: 1VP  
Name: MARPET, ROBERTA  
Address: 7600 GRANVILLE DRIVE  
City-St-Zip: TAMARAC, FL 33321

I hereby 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 all other like empowered.

SIGNATURE: ROBERT A DONNELLY

MGR

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date