


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90043 010 ****61.25

DOCUMENT # N95000003285					
1. Entity Name GRANVILLE CONDOMINIUM B ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE GROUP 12270 SW 3RD STREET PLANTATION, FL 33325			Mailing Address C/O CASTLE GROUP P.O. 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	4. FEI Number 65-0682531	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CASTLE MANAGEMENT, INC. 12270 SW 3RD STREET PLANTATION, FL 33325			Name KATZMAN & KORR Street Address (P.O. Box Number is Not Acceptable) SUITE 202 1501 NW 49TH STREET City FORT LAUDERDALE FL Zip Code 33309		
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 _____ <small>Signature of agent or person in name of registered agent and title if applicable.</small>		<i>Ferran L. Korre, Esq.</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		5/17/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 TD NAME POLATNICK, JEROME STREET ADDRESS 7709 GRANVILLE DR. CITY-ST-ZIP TAMARAC, FL 33321	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME BRODY, STEVEN STREET ADDRESS 7761 GRANVILLE DR CITY-ST-ZIP FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ROSENBLUTH, RENEE STREET ADDRESS 7747 GRANVILLE DR CITY-ST-ZIP TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME ROSENFELD, LOUIS STREET ADDRESS 7763 GRANVILLE DR CITY-ST-ZIP TAMARAC, FL 33321	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME POTTER, ALAN STREET ADDRESS 7781 GRANVILLE DR CITY-ST-ZIP FORT LAUDERDALE, FL 33321	<input type="checkbox"/> Delete		TITLE TD NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" 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 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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/2/07 <small>Date</small>		
_____ <small>Daytime Phone #</small>			_____		