

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N39466

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

**FILED**  
**Apr 07, 2023**  
**Secretary of State**  
**8251104609CC**

**Current Principal Place of Business:**

C/O CAMPBELL PROPERTY MANAGEMENT  
7598 GRANVILLE DRIVE  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CAMPBELL PROPERTY MANAGEMENT  
7598 GRANVILLE DRIVE  
TAMARAC, FL 33321 US

**FEI Number: 65-0685391**

**Certificate of Status Desired: No**

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

MANNING-HUNTER, LAURA  
8211 W BROWARD BLVD  
#250  
PLANTATION , FL 33324 US

*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: LAURA MANNING-HUNTER**

**04/07/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SAXE, RALPH  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  8010 N UNIVERSITY DR FIRST FLOOR  
City-State-Zip: TAMARAC FL 33321

Title            TREASURER  
Name            BENTLEY, PATRICIA  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  8010 N UNIVERSITY DR  
City-State-Zip: TAMARAC FL 33321

Title            VP II  
Name            PITTMAN, ROBIN  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  8010 N UNIVERSITY DR FIRST FLOOR  
City-State-Zip: TAMARAC FL 33321

Title            SECRETARY  
Name            SUMMERS, VICKI  
Address        C/O CAMPBELL PROPERTY MGMT  
                  8010 N UNIVERSITY DRIVE FIRST  
                  FLOOR  
City-State-Zip: TAMARAC FL 33321

Title            VP  
Name            ESPOSITO, BILL  
Address        C/O CAMPBELL PROPERTY  
                  MANAGEMENT  
                  8010 N UNIVERSTY DR FIRST FLOOR  
City-State-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: RALPH SAXE**

**PRESIDENT**

**04/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date