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.

PRES

SIGNATURE: ANTHONY EPIFANIO

Electronic Signature of Signing Officer/Director Detail

| 2016 FLORIDA | NOT FOR PR | OFIT CORPORAT | TION ANNUAL REF | PORT |
|--------------|------------|---------------|-----------------|------|

DOCUMENT# N94000001590

Entity Name: GRANVILLE CONDOMINIUM G ASSOCIATION, INC.

Current Principal Place of Business:

C/O CONSOLIDATED COMMUNITY MANAGEMENT 7124 N. NOB HILL ROAD TAMARA, FL 33321

Current Mailing Address:

C/O CONSOLIDATED COMMUNITY MANAGEMENT 7124 N. NOB HILL ROAD TAMARAC, FL 33321 US

FEI Number: 65-0461935

Name and Address of Current Registered Agent:

MARTIN & BENNIS, P.A. 319 SE 14TH STREET FORT LAUDERDALE, FL 33316 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 | SIGNATURE: ROBERT MARTIN | | | | | | |
|---------------------------|---|-----------------|-------------------------------------|------|--|--|--|
| | Electronic Signature of Registered Agent | | | Date | | | |
| Officer/Director Detail : | | | | | | | |
| Title | PRESIDENT | Title | TREASURER | | | | |
| Name | EPIFANIO, ANTHONY | Name | GOLDMAN, ELAINE | | | | |
| Address | 7124 NORTH NOB HILL ROAD | Address | 7124 NORTH NOB HILL ROAD | | | | |
| City-State-Zip: | TAMARAC FL 33321 | City-State-Zip: | TAMARAC FL 33321 | | | | |
| Title | SECRETARY | Title | VP | | | | |
| Name | STANLEY, BENITA | Name | SHERMAN, MONA | | | | |
| Address | 7124 NORTH NOB HILL ROAD | Address | C/O CONSOLIDATED COMMUN | ITY | | | |
| City-State-Zip: | TAMARAC FL 33321 | | MANAGEMENT 7124 N. NOB HILL ROAD | | | | |
| Title | DIRECTOR | City-State-Zip: | TAMARAC FL 33321 | | | | |
| Name | GALLINA, PHILLIP | | | | | | |
| Address | C/O CONSOLIDATED COMMUNITY MANAGEMENT 7124 N. NOB HILL ROAD | | | | | | |
| City-State-Zip: | TAMARA FL 33321 | | | | | | |

Certificate of Status Desired: No

03/29/2016

Date

FILED Mar 29, 2016 Secretary of State CC9832530974