

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001590

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

**FILED**  
**Jan 11, 2021**  
**Secretary of State**  
**1293200979CC**

**Current Principal Place of Business:**

C/O CAMPBELL PROPERTY MANAGEMENT  
8010 N UNIVERSITY DRIVE - 1ST FLOOR  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CAMPBELL PROPERTY MANAGEMENT  
8010 N UNIVERSITY DRIVE - 1ST FLOOR  
TAMARAC, FL 33321 US

**FEI Number: 65-0461935**

**Certificate of Status Desired: No**

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

MARTIN & MARTIN, 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: BOB MARTIN**

**01/11/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP II  
Name KREITMAN, LINDA  
Address C/O CAMPBELL PROPERTY  
MANAGEMENT  
8010 N UNIVERSITY DRIVE - 1ST  
FLOOR  
City-State-Zip: TAMARAC FL 33321

Title TREASURER  
Name BORAKOVE, PATRICIA  
Address C/O CAMPBELL PROPERTY  
MANAGEMENT  
8010 N UNIVERSITY DRIVE - 1ST  
FLOOR  
City-State-Zip: TAMARAC FL 33321

Title SECRETARY  
Name ROSS, HELENE  
Address C/O CAMPBELL PROPERTY  
MANAGEMENT  
8010 N UNIVESITY DRIVE - 1ST  
FLOOR  
City-State-Zip: TAMARAC FL 33321

Title VICE PRESIDENT, VP  
Name SHERMAN, MONA  
Address C/O CAMPBELL PROPERTY  
MANAGEMENT  
8010 N UNIVERSITY DRIVE - 1ST  
FLOOR  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name PERLMAN, MONA  
Address C/O CAMPBELL PROPERTY  
MANAGEMENT  
8010 N UNIVERSITY DRIVE - 1ST  
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: MONA PERLMAN**

**PRESIDENT**

**01/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date