## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001590

Entity Name: GRANVILLE CONDOMINIUM G ASSOCIATION, INC.

**FILED** Mar 23, 2015 **Secretary of State** CC2297330080

**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 Certificate of Status Desired: No

## 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: ROBERT MARTIN 03/23/2015

Electronic Signature of Registered Agent

Date

TAMARAC FL 33321

Officer/Director Detail:

**PRESIDENT** Title Title **TREASURER** 

Name **EPIFANIO. ANTHONY** Name GOLDMAN, ELAINE

Address 7124 NORTH NOB HILL ROAD Address 7124 NORTH NOB HILL ROAD

TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321 City-State-Zip:

VΡ Title Title **SECRETARY** 

Name SHERMAN, MONA Name STANLEY, BENITA

Address 7124 NORTH NOB HILL ROAD Address C/O CONSOLIDATED COMMUNITY

MANAGEMENT

City-State-Zip: TAMARAC FL 33321 7124 N. NOB HILL ROAD

City-State-Zip: Title DIRECTOR

Name LYNN, MEL

Address C/O CONSOLIDATED COMMUNITY

**MANAGEMENT** 

7124 N. NOB HILL ROAD

TAMARA FL 33321 City-State-Zip:

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.

03/23/2015 SIGNATURE: ANTHONY EPIFANIO PRESIDENT