2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004664

Entity Name: GRANVILLE CONDOMINIUM D ASSOCIATION, INC.

FILED
Mar 23, 2015
Secretary of State
CC2991746745

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 65-0563839 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

Officer/Director Detail:

 Title
 VP
 Title
 TREASURER

 Name
 ROTH, EUGENE
 Name
 SILVA, MAXINE

Address C/O CONSOLIDATED COMMUNITY Address C/O CONSOLIDATED COMMUNITY

MANAGEMENT MANAGEMENT

7124 N. NOB HILL ROAD 7124 N. NOB HILL ROAD

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

Title PRESIDENT Title SECRETARY

Name JAFFE, MORT Name WALLACH, WILLIAM

Address C/O CONSOLIDATED COMMUNITY Address C/O CONSOLIDATED COMMUNITY

MANAGEMENT MANAGEMENT

7124 N. NOB HILL ROAD 7124 N. NOB HILL ROAD

City-State-Zip:

TAMARAC FL 33321

Title DIRECTOR
Name PORIS, MARLA

City-State-Zip:

Address C/O CONSOLIDATED COMMUNITY

TAMARAC FL 33321

MANAGEMENT

7124 N. NOB HILL ROAD

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: MORT JAFFE PRESIDENT 03/23/2015