

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004664

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

**Current Principal Place of Business:**

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

**FILED**  
**Apr 27, 2020**  
**Secretary of State**  
**9468352211CC**

**Current Mailing Address:**

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

**FEI Number: 65-0563839**

**Certificate of Status Desired: No**

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

MARTIN & MARTIN  
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**

**04/27/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title            DIRECTOR  
Name            PECK, ANDY  
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: MAXINE SILVA**

**PRESIDENT**

**04/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date