

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000122

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

**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:** 65-0563842

**Certificate of Status Desired:** No

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

MANNING-HUNTER, LAURA  
8211 W BROWARD BLVD # 250  
PLANTATION, FL 33324 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:** LAURA MANNING-HUNTER

01/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title           DIRECTOR  
Name           OLMEZER, PAUL  
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:** SHARON JACOBS

PRESIDENT

01/08/2024

Electronic Signature of Signing Officer/Director Detail

Date