

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745982 (9)

1. Corporation Name

GRIFFIN ROAD CIVIC ASSOCIATION, INC.



Principal Place of Business

**6040 SW 188 AVENUE
FT LAUDERDALE FL 33332**

Mailing Address

**6040 SW 188 AVENUE
FT LAUDERDALE FL 33332**

3. Date Incorporated or Qualified
02/19/1979

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1970194

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURDERS, JANIE
19801 STIRLING RD
FT. LAUDERDALE FL 33332**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	SEGUINOT, CARLOS
STREET ADDRESS	5320 SW 195 TERR
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	VPD
NAME	PIXLEY, FRANK
STREET ADDRESS	6040 SW 188 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	TD
NAME	D'AMICO, JUDY
STREET ADDRESS	5020 S.W. 188 AVE.
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	SR
NAME	PIRKER, JAIMIE
STREET ADDRESS	202005 S.W. 48 PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 00000
TITLE	PD
NAME	MURDERS, JANIE
STREET ADDRESS	19801 STIRLING RD
CITY-ST-ZIP	FT LAUDERDALE FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD
12 NAME	MURDERS, JANIE
13 STREET ADDRESS	19801 STIRLING ROAD
14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33332
21 TITLE	VPO
22 NAME	VARADAMAN, JOAN
23 STREET ADDRESS	20720 SW 54 PLACE
24 CITY-ST-ZIP	FT. LAUDERDALE, FL 33332
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	SA (ACTING)
42 NAME	MURDERS, JANIE
43 STREET ADDRESS	19801 STIRLING ROAD
44 CITY-ST-ZIP	FT LAUDERDALE, FL 33332
51 TITLE	PD
52 NAME	PIXLEY, FRANK
53 STREET ADDRESS	6040 SW 188 AVE
54 CITY-ST-ZIP	FT LAUDERDALE, FL 33332
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judith A. D'Amico
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96
DATE

305 434-8534
DAYTIME PHONE #

CR2E037 (12/95)