

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90046 036 ****61.25

DOCUMENT # 745982	
1. Entity Name GRIFFIN ROAD CIVIC ASSOCIATION, INC.	

Principal Place of Business 5120 S.W. 195 TERRACE SOUTHWEST RANCHES, FL 33332 US	Mailing Address 5120 S.W. 195 TERRACE SOUTHWEST RANCHES, FL 33332 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03272005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1970194	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BREITKREUZ, STEVEN 5120 S.W. 195 TERRACE SOUTHWEST RANCHES, FL 33332	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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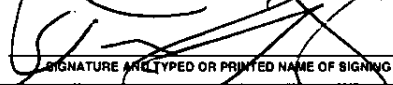
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREITKREUZ, STEVEN 5120 S.W. 195 TERRACE SOUTHWEST RANCHES, FL 33332 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EUSTMAN, JOHN 4801 S.W. 188 AVE. SOUTHWEST RANCHES, FL 32222 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTMAN, JOHN ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THIELE, LESLEY 4841 SW 188 AVE. SOUTHWEST RANCHES, FL 33332 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVELLO, ALFREDO JR 5151 S.W. 195 TERRACE SOUTHWEST RANCHES, FL 33332 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REINIA, ELLEN 4801 S.W. 195 TERRACE SOUTHWEST RANCHES, FL 33332 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINIG, ELLEN ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUMMERLIN, MARGARET 5180 S.W. 186 AVE. SOUTHWEST RANCHES, FL 33332 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAINS, DAWN 4820 SW 188 AVE. SOUTHWEST RANCHES, FL 33332 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Steven J Breitkreuz** 3/26/05 954-246-6018
Signature and typed or printed name of signing officer or director Date Daytime Phone #