

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 13 PM 1:39

DOCUMENT # 766480 (8)  
1. Corporation Name  
GRIFFIN GARDENS TENANT LEAGUE, INCORPORATED

Principal Place of Business Mailing Address  
KRUGER, JANE, A  
4881 GRIFFIN ROAD, 204  
DAVIE FL 33314  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/11/1983  
3a. Date of Last Report 04/08/1994  
4. FEI Number 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. SAME 25. SAME  
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.  
23. City & State 28. City & State  
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
KRUGER, JANE A  
4881 GRIFFIN ROAD, 204  
DAVIE FL 33314

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Jane A. Kruger* DATE 1/15/95  
Signature, typed or printed name of registered agent and date if appropriate. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KRUGER, JANE A
STREET ADDRESS	4881 GRIFFIN ROAD, 204
CITY - ST - ZIP	DAVIE FL
TITLE	VD
NAME	MORGAN, JANET
STREET ADDRESS	4881 GRIFFIN ROAD, 308
CITY - ST - ZIP	DAVIE FL
TITLE	SD
NAME	PETRONE, MARIA
STREET ADDRESS	4881 GRIFFIN ROAD, 120
CITY - ST - ZIP	DAVIE FL
TITLE	TD
NAME	MAYES, MARGARET
STREET ADDRESS	4881 GRIFFIN ROAD, 107
CITY - ST - ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	SAME	
1.4 CITY - ST - ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARGARET MAYES	
2.3 STREET ADDRESS	4881 Griffin Road Apt 107	
2.4 CITY - ST - ZIP	Davie, Fla.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SD	
3.2 NAME	Evangeline Simmons	
3.3 STREET ADDRESS	4881 Griffin Road Apt. 6414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY - ST - ZIP	Davie, FL	
4.1 TITLE	TD	
4.2 NAME	Mae Pollitt	
4.3 STREET ADDRESS	4881 Griffin Road Apt 116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY - ST - ZIP	Davie, Fla.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 110.07(3)(b), 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kruger, Jane A*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
KRUGER, JANE A

305-583-9646