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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business Mailing Address
4881 GRIFFIN RD 4881 GRIFFIN
DAVIE FL 33314 DAVIE FL 33314
US US

3. Date Incorporated or Qualified
01/11/1983
4. FEI Number
NOT APPLICABLE
Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 4881 GRIFFIN ROAD 28 4881 GRIFFIN ROAD
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 APT 423 27 423
City & State City & State
23 DAVIE FLA 28 DAVIE FLA
Zip Country Zip Country
24 33314 25 BROWARD 29 33314 30 BROWARD

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
VARGO, IRENE
4881 GRIFFIN ROAD, #107
DAVIE FL 33314
CHANGE

10. Name and Address of New Registered Agent
81 Name BETTY JANE KHALIFE
82 Street Address (P.O. Box Number is Not Acceptable) 4881 GRIFFIN ROAD APT 423
83 DAVIE FLA
84 City DAVIE FLA FL 85 Zip Code 33314

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 617.0507, Florida Statutes.
SIGNATURE Betty Jane Khalife = Pat 2/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	VARGO, IRENE	
STREET ADDRESS	4881 GRIFFIN RD	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CONSENTINO, LEE	
STREET ADDRESS	4881 GRIFFIN RD	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KLAFUE, BETTY	CHANGE TO PRES
STREET ADDRESS	4881 GRIFFIN RD	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POLLITT, MAE	POLLITT MAE
STREET ADDRESS	4881 GRIFFIN ROAD	4881 GRIFFIN ROAD
CITY-ST-ZIP	DAVIE FLA 33314	DAVIE FLA 33314
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRUGER, JANE	
STREET ADDRESS	4881 GRIFFIN RD	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYES, MARGARET	
STREET ADDRESS	4881 GRIFFIN RD	
CITY-ST-ZIP	DAVIE FL 33314	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	BETTY JANE KHALIFE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		4881 GRIFFIN ROAD APT 423
1.4 CITY-ST-ZIP		DAVIE FLA 33314
2.1 TITLE	VP	VP DOROTHY JACKSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		4881 GRIFFIN ROAD APT 101
2.4 CITY-ST-ZIP		DAVIE FLA 33314
3.1 TITLE	S	SHIRLEY HUTCHINS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		4881 GRIFFIN ROAD APT 323
3.4 CITY-ST-ZIP		DAVIE FLA 33314
4.1 TITLE	T	T (SAME) <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		POLLITT MAE # 116
4.4 CITY-ST-ZIP		4881 GRIFFIN ROAD DAVIE FLA 33314
5.1 TITLE	D	MILDRED BAUMGARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		4881 GRIFFIN ROAD # 102
5.4 CITY-ST-ZIP		DAVIE FLA 33314
6.1 TITLE	D	MAYES MARGARET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		4881 GRIFFIN ROAD # 107
6.4 CITY-ST-ZIP		DAVIE FLA 33314

14. 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 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 Betty Jane Khalife 2-20-98 = 791 7308
954

CP2E037 (10/97)