


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90462 006 ****70.00

DOCUMENT # 766480

1. Entity Name
GRIFFIN GARDENS TENANT LEAGUE, INCORPORATED



Principal Place of Business
 4881 GRIFFIN RD., APT 122
 DAVIE, FL 33314 US

Mailing Address
 4881 GRIFFIN RD., APT 122
 DAVIE, FL 33314 US



2. Principal Place of Business
4881 Griffin Rd
 Suite, Apt. #, etc.
#122
 City & State
Davie FLA

3. Mailing Address
4881 Griffin Rd
 Suite, Apt. #, etc.
#122
 City & State
Davie Fla

04262004 Chg-NP CR2E037 (10/03)

4. FEI Number
30-8260251

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~BARBOZA, JOANNE~~ **EMERALD ROBERTS**
 4881 GRIFFIN RD., APT 122
 DAVIE, FL 33314
PRESIDENT

7. Name and Address of New Registered Agent
 Name
EMERALD ROBERTS
 Street Address (P.O. Box Number is Not Acceptable)
4881 Griffin Rd, #122
 City
DAVIE FL Zip Code
33314

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 *Emerald Roberts* *Emerald Roberts* **4-28-04**
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, 2004**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete NAME: JACKSON, DOROTHY STREET ADDRESS: 4881 GRIFFIN RD., APT 101 CITY-ST-ZIP: DAVIE, FL 33314
TITLE P	<input type="checkbox"/> Delete NAME: ROBERTS, EMERALD STREET ADDRESS: 4881 GRIFFIN RD APT 122 CITY-ST-ZIP: DAVIE, FL 33314
TITLE VP	<input checked="" type="checkbox"/> Delete NAME: HOWARD, KAREN STREET ADDRESS: 4881 GRIFFIN RD APT 301 CITY-ST-ZIP: DAVIE, FL 33314
TITLE T	<input checked="" type="checkbox"/> Delete NAME: DELANCY, BETTY STREET ADDRESS: 4881 GRIFFIN RD APT 316 CITY-ST-ZIP: DAVIE, FL 33314
TITLE S	<input checked="" type="checkbox"/> Delete NAME: HOCH, PATRICIA B STREET ADDRESS: 4881 GRIFFIN RD APT 207 CITY-ST-ZIP: DAVIE, FL 33314
TITLE D	<input checked="" type="checkbox"/> Delete NAME: WARD, TERRY STREET ADDRESS: 4881 GRIFFIN RD APT 107 CITY-ST-ZIP: FORT LAUDERDALE, FL 33314

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Emerald Roberts STREET ADDRESS: 4881 Griffin Rd #122 Davie Fla 33314
TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Maggie Richardson STREET ADDRESS: 4881 Griffin Rd #416 Davie Fla 33314
TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Irene Croshaw STREET ADDRESS: 4881 Griffin Rd #317 Davie Fla 33314
TITLE Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Sawtooth McBrat STREET ADDRESS: 4881 Griffin Rd #214 Davie Fla 33314
TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Shirley Hutchins STREET ADDRESS: 4881 Griffin Rd #122 Davie Fla 33314
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Margaret Pace STREET ADDRESS: 4881 Griffin Rd #116

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: *Emerald Roberts* **April 28th 2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
24073945



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 26, 2004

GRIFFIN GARDENS TENANT LEAGUE, INCORPORATED
4881 GRIFFIN RD., APT 122
DAVIE, FL 33314 US

SUBJECT: GRIFFIN GARDENS TENANT LEAGUE, INCORPORATED
Ref. Number: 766480

Upon receipt of your letter and/or check(s) totaling \$70.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.
~~Only applications approved by the Department of State are acceptable. Please~~
complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

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