


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90331 005 \*\*\*\*70.00

<b>DOCUMENT # 766480</b>			
1. Entity Name <b>GRIFFIN GARDENS TENANT LEAGUE, INCORPORATED</b>			
Principal Place of Business 4881 GRIFFIN GARDEN RD # 303 DAVIE, FL 33314 US		Mailing Address 4881 GRIFFIN GARDEN RD # 303 DAVIE, FL 33314 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>STICKNEY, MAXINE 4881 GRIFFIN RD # 303 DAVIE, FL 33314</b>		7. Name and Address of New Registered Agent Name <b>LANCE RICHARD GARDNER, II</b> Street Address (P.O. Box Number is Not Acceptable) <b>4881 GRIFFIN RD # 201</b> City <b>DAVIE</b> FL Zip Code <b>33314</b>	
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: <i>Lance Richard Gardner, II</i> President. Lance Richard Gardner, II		DATE: 4 April 2006	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P REEVES, BEN <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REEVES, BEN	NAME	LANCE RICHARD GARDNER, II
STREET ADDRESS	4881 GRIFFIN RD, # 118	STREET ADDRESS	4881 GRIFFIN RD, # 201
CITY-ST-ZIP	DAVIE, FL 33314	CITY-ST-ZIP	DAVIE, FL 33314
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VICE-PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STICKNEY, MAXINE	NAME	EDATRINA OPTESCO
STREET ADDRESS	4881 GRIFFIN RD, # 302	STREET ADDRESS	4881 GRIFFIN RD # 411
CITY-ST-ZIP	DAVIE, FL 33314	CITY-ST-ZIP	DAVIE, FL 33314
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	TRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, MARGARET	NAME	BEN REEVES
STREET ADDRESS	4881 GRIFFIN RD, # 116	STREET ADDRESS	488 GRIFFIN RD # 118
CITY-ST-ZIP	DAVIE, FL 33314	CITY-ST-ZIP	DAVIE, FL 33314
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAHL, B J FR	NAME	MARY HOYT
STREET ADDRESS	4881 GRIFFIN RD, # 423	STREET ADDRESS	4881 GRIFFIN RD # 104
CITY-ST-ZIP	DAVIE, FL 33314	CITY-ST-ZIP	DAVIE, FL 33314
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Lance Richard Gardner, II</i> LANCE RICHARD GARDNER, II, PRES. 4/4/06		Date: 954-495-9225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	