


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000003744 1. Entity Name ROYAL GRIFFIN ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 300 ARAGON AVE 210 MIAMI, FL 33134		Mailing Address 300 ARAGON AVE 210 MIAMI, FL 33134	
2. Principal Place of Business - No P.O. Box # Miami Management		3. Mailing Address Miami Management	
Suite, Apt. #, etc. 1145 Sawgrass Corp Pkwy		Suite, Apt. #, etc. 1145 Sawgrass Corp. Pkwy.	
City & State Sunrise, FL 33323		City & State Sunrise, FL 33323	
Zip -----	Country -----	Zip -----	Country -----
6. Name and Address of Current Registered Agent SKRLD, INC 201 ALHAMBRA CIR #1102 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent EISINGER, BROWN, LEWIS & FRANKEL, P.A. ATTN: Dennis J. Eisinger, Esquire 4000 Hollywood Boulevard, Suite 265-S Hollywood FL 33021	
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 <u><i>Dennis J. Eisinger</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>5/5/08</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>	
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	P COTTER, DAVID 11867 SW 47TH ST COOPER CITY, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000131633320 06/24/08--01041--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OWOC, VICTOR 12021 SW 47 ST COOPER CITY, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COUVILLION, MARK 11923 SW 47 ST FORT LAUDERDALE, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Mark Couvillion</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>5/25/08</u> <small>Daytime Phone #</small>	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0544276

Applied For
Not Applicable

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