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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90073 018 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 766480					
1. Corporation Name GRIFFIN GARDENS TENANT LEAGUE, INCORPORATED					
Principal Place of Business 4881 GRIFFIN RD APT 101 204 DAVIE FL 33314 US			Mailing Address 4881 GRIFFIN RD 488 204 DAVIE FL 33314 US		



2. Principal Place of Business 21. GRIFFIN GARDENS Suite, Apt. #, etc. 22. 4881 GRIFFIN RD City & State 23. DAVIE FLA Zip 24. 33314 Country 25. BROWARD		2a. Mailing Address 26. 4881 GRIFFIN RD Suite, Apt. #, etc. 27. APT 204 City & State 28. DAVE FLA Zip 29. 33314 Country 30. BROWARD		3. Date Incorporated or Qualified 01/11/1983 4. FEI Number NOT APPLICABLE Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent KHALIFE, BETTY J <i>CHANGE</i> 4881 GRIFFIN RD APT 423 DAVIE FL 33314				10. Name and Address of New Registered Agent 81. Name JANE A KRUGER 82. Street Address (P.O. Box Number is Not Acceptable) 4881 GRIFFIN RD APT #204 83. 84. City DAVIE FL 85. Zip Code 33314			
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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 617.0503, Florida Statutes.

SIGNATURE *Jane A Kruger* **JANE A KRUGER** *2-3-99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	VP DOROTHY JACKSON	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, DOROTHY			1.2 NAME	4881 GRIFFIN RD		
STREET ADDRESS	4881 GRIFFIN RD, APT 101			1.3 STREET ADDRESS	DAVIE FLA		
CITY-ST-ZIP	DAVIE FL 33314			1.4 CITY-ST-ZIP	33314 APT 101	SAME	
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SHIRLEY HUTCHINS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAUMGARD, MILDRED			2.2 NAME	4881 GRIFFIN RD		
STREET ADDRESS	4881 GRIFFIN RD, 102			2.3 STREET ADDRESS	DAVIE FLA 33314		
CITY-ST-ZIP	DAVIE FL 33314			2.4 CITY-ST-ZIP	APT 323		
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	JANE KRUGER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KHALIFE, BETTY J			3.2 NAME	4881 GRIFFIN RD		
STREET ADDRESS	4881 GRIFFIN RD, APT 423			3.3 STREET ADDRESS	DAVIE FLA		
CITY-ST-ZIP	DAVIE FL 33314			3.4 CITY-ST-ZIP	33314 APT 204		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	MAE POLLITT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	POLLITT, MAE			4.2 NAME	4881 GRIFFIN RD	SAME	
STREET ADDRESS	4881 GRIFFIN RD, #116			4.3 STREET ADDRESS	DAVIE FLA 33314		
CITY-ST-ZIP	DAVIE FL 33314			4.4 CITY-ST-ZIP	APT 116		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	WATERMAN, MARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KRUGER, JANE			5.2 NAME	4881 GRIFFIN RD		
STREET ADDRESS	4881 GRIFFIN RD			5.3 STREET ADDRESS	DAVIE FLA 33314		
CITY-ST-ZIP	DAVIE FL 33314			5.4 CITY-ST-ZIP	APT 116		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	MAYES, MARGARET	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAYES, MARGARET			6.2 NAME	4881 GRIFFIN RD	SAME	
STREET ADDRESS	4881 GRIFFIN RD, #107			6.3 STREET ADDRESS	DAVIE FLA		
CITY-ST-ZIP	DAVIE FL 33314			6.4 CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: *Jane A Kruger* **JANE A KRUGER** *954 583-9646*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)