

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 <i>4881 Griffin Rd</i> Suite, Apt. #, etc. <i>#122</i> City & State <i>DAVIE FLA</i> Zip <i>33314</i> Country <i>USA</i>		3. Mailing Address <i>4881 Griffin Rd</i> Suite, Apt. #, etc. <i>#122</i> City & State <i>DAVIE FLA</i> Zip <i>33314</i> Country <i>USA</i>	
4. FEI Number 30-8260251		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"><i>PRESIDENT</i></div>		7. Name and Address of New Registered Agent Name EMERALD ROBERTS Street Address (P.O. Box Number is Not Acceptable) <i>4881 Griffin Rd, #122</i> 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 <i>Emerald Roberts</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Emerald Roberts</i> 4-28-04 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME JACKSON, DOROTHY STREET ADDRESS 4881 GRIFFIN RD., APT 101 CITY-ST-ZIP DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE <i>President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Emerald Roberts</i> STREET ADDRESS <i>4881 Griffin Rd #122 DAVIE FLA</i> CITY-ST-ZIP <i>33314</i>	
TITLE P NAME ROBERTS, EMERALD STREET ADDRESS 4881 GRIFFIN RD APT 122 CITY-ST-ZIP DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE <i>Vice President</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Maggie Richardson</i> STREET ADDRESS <i>4881 Griffin Rd #416</i> CITY-ST-ZIP <i>DAVIE FLA 33314</i>	
TITLE VP NAME HOWARD, KAREN STREET ADDRESS 4881 GRIFFIN RD APT 301 CITY-ST-ZIP DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE <i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Brene Croshaw</i> STREET ADDRESS <i>4881 Griffin Rd #317</i> CITY-ST-ZIP <i>DAVIE FLA 33314</i>	
TITLE T NAME DELANCY, BETTY STREET ADDRESS 4881 GRIFFIN RD APT 316 CITY-ST-ZIP DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE <i>Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Laura McBrat</i> STREET ADDRESS <i>4881 Griffin Rd #214</i> CITY-ST-ZIP <i>DAVIE FLA 33314</i>	
TITLE S NAME HOCH, PATRICIA B STREET ADDRESS 4881 GRIFFIN RD APT 207 CITY-ST-ZIP DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE <i>Director</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <i>Shirley Hutchins</i> STREET ADDRESS <i>4881 Griffin Rd #122</i> CITY-ST-ZIP <i>DAVIE FLA 33314</i>	
TITLE D NAME WARD, TERRY STREET ADDRESS 4881 GRIFFIN RD APT 107 CITY-ST-ZIP FORT LAUDERDALE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE <i>Margaret Pace</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <i>Margaret Pace</i> STREET ADDRESS <i>4881 Griffin Rd #116</i> CITY-ST-ZIP <i>4881 Griffin Rd #116</i>	
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: <i>Emerald Roberts</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>April 28th 2004</i> 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~~
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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

Letter Number: 204A00027367