


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90240 016 \*\*\*\*61.25

<b>DOCUMENT # N02000003202</b>					
<b>1. Entity Name</b> THE GRIFFIN PARK RESIDENT ASSOCIATION INCORPORATED					
<b>Principal Place of Business</b> 520 CALLAHAN DRIVE ORLANDO, FL 32805			<b>Mailing Address</b> 520 CALLAHAN DRIVE ORLANDO, FL 32805		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BIGGHAM, EVELINA 520 CALLAHAN DRIVE ORLANDO, FL 32805			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<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.</b> SIGNATURE: <u>Eveline Biggham</u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (None) Registered Agent signature (required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD BIGGHAM, EVELINA 801 AVONDALE #1 ORLANDO, FL 32805 <input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VPD HAYDEN, ADELLA 801 AVONDALE #9 ORLANDO, FL 32805 <input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TD MGCILL, RUBIE 745 AVONDALE AVENUE ORLANDO, FL 32805 <input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	TD DAVIS, CECILIA 744 DUNBAR COURT ORLANDO, FL 32805 <input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D NASH, VICKI 520 CALLAHAN DRIVE ORLANDO, FL 32805 <input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b> SIGNATURE: <u>Eveline Biggham</u> Date: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					