


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000003202	
1. Entity Name THE GRIFFIN PARK RESIDENT ASSOCIATION INCORPORATED	

Principal Place of Business 520 CALLAHAN DRIVE ORLANDO, FL 32805	Mailing Address 520 CALLAHAN DRIVE ORLANDO, FL 32805
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DO NOT WRITE IN THIS SPACE

04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BIGGHAM, EVELINA
520 CALLAHAN DRIVE
ORLANDO, FL 32805**

**DO NOT WRITE
IN THIS SPACE**

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.

Eveline Biggham
SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent (not title) (Applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000950458 06/03/08-80069-008 61.25
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10. OFFICERS AND DIRECTORS

TITLE PD	BIGGHAM, EVELINA
NAME	
STREET ADDRESS	801 AVONDALE #1
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE VPD	HAYDEN, ADELLA
NAME	
STREET ADDRESS	801 AVONDALE #9
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE TD	DAVIS, CECELIA
NAME	
STREET ADDRESS	744 DUNBAR COURT
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Eveline Biggham* **4-24-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #