

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:36

DOCUMENT # **N02648** (6)

1. Corporation Name

GRIFFWOOD RESIDENTS, INCORPORATED

Principal Place of Business Mailing Address
03896 375 PICCIOLA RD 03896 375 PICCIOLA RD
FRUITLAND PARK FL 34731-3371 FRUITLAND PARK FL 34731-3371

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/19/1984** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2961239** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

JOHNS, JAMES
03896-375 PICCIOLA ROAD
FRUITLAND PARK FL 34731

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEWERT, BERNARD	1.2 NAME	
STREET ADDRESS	03896-444 PICCIOLA ROAD	1.3 STREET ADDRESS	03896-433 Picciola Road
CITY- ST- ZIP	FRUITLAND PARK FL	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	1/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSZEWSKI, KAY	2.2 NAME	AGNES THOMAS
STREET ADDRESS	03896-421 PICCIOLA ROAD	2.3 STREET ADDRESS	03896-631 Picciola Road
CITY- ST- ZIP	FRUITLAND PARK FL	2.4 CITY- ST- ZIP	Fruitland Park FL
TITLE	V	3.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDT, LUCILLE	3.2 NAME	
STREET ADDRESS	03896-142 PICCIOLA ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	FRUITLAND PARK FL	3.4 CITY- ST- ZIP	
TITLE	DT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, EILEEN	4.2 NAME	
STREET ADDRESS	03896-641 PICCIOLA ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	FRUITLAND PARK FL	4.4 CITY- ST- ZIP	
TITLE	DS	5.1 TITLE	2/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHBURN, JESSIE	5.2 NAME	HARVEY McMillen
STREET ADDRESS	03896-430 PICCIOLA ROAD	5.3 STREET ADDRESS	03896-364 Picciola Road
CITY- ST- ZIP	FRUITLAND PARK FL	5.4 CITY- ST- ZIP	Fruitland Park FL
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, HOLLY	6.2 NAME	
STREET ADDRESS	03896-433 PICCIOLA RD	6.3 STREET ADDRESS	03896-250 Picciola Road
CITY- ST- ZIP	FRUITLAND PARK FL	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Bernard Siewert*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-25 904 7381897
Date Day/Month/Year