

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N02648** (6)

1. Corporation Name
GRIFFWOOD RESIDENTS, INCORPORATED



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

3. Date Incorporated or Qualified **04/19/1984** 3a. Date of Last Report **02/14/1995**
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**
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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEWERT, BERNARD	1.2 NAME	Justin LaManna
STREET ADDRESS	03896-433 PICCIOLA ROAD	1.3 STREET ADDRESS	03896-432 Picciola Road
CITY-ST-ZIP	FRUITLAND PARK FL	1.4 CITY-ST-ZIP	Fruitland Park FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, AGNES	2.2 NAME	Norman Hansen
STREET ADDRESS	03896-631 PICCIOLA ROAD	2.3 STREET ADDRESS	03896-642 Picciola Road
CITY-ST-ZIP	FRUITLAND PARK FL	2.4 CITY-ST-ZIP	Fruitland Park FL
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input 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 <input type="checkbox"/> DELETE	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	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLEN, HARVEY	5.2 NAME	
STREET ADDRESS	03896-364 PICCIOLA ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, HOLLY	6.2 NAME	
STREET ADDRESS	03896-250 PICCIOLA ROAD	6.3 STREET ADDRESS	
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 119.07(3)(k), 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* Bernard Siewert, Pres. Phone 352/728-1897
January 18, 1996

CR2E037 (12/95)