

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 03896 375 PICCIOLA RD
FRUITLAND PARK FL 34731-3371 FRUITLAND PARK FL 34731

3. Date Incorporated or Qualified 04/19/1984 3a. Date of Last Report 01/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2061239	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEWERT, BERNARD	1.2 NAME	
STREET ADDRESS	03896-433 PICCIOLA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRUITLAND PARK FL	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, AGNES	2.2 NAME	LAYANNA, JUSTIN
STREET ADDRESS	03896-631 PICCIOLA ROAD	2.3 STREET ADDRESS	03896-432 PICCIOLA RD
CITY-ST-ZIP	FRUITLAND PARK FL	2.4 CITY-ST-ZIP	FRUITLAND PARK FL
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDT, LUCILLE	3.2 NAME	THOMAS, AGNES
STREET ADDRESS	03896-142 PICCIOLA ROAD	3.3 STREET ADDRESS	03896-431 PICCIOLA RD.
CITY-ST-ZIP	FRUITLAND PARK FL	3.4 CITY-ST-ZIP	FRUITLAND PARK FL
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	03896-384 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)