


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000001968 1. Entity Name THE GRIFFITH HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 1475 JENKINS BOULEVARD BONIFAY, FL 32425	Mailing Address 1475 JENKINS BOULEVARD BONIFAY, FL 32425
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04192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0538916	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 ACUFF, KARL DAVID WATKINS & CALEEN, P.A. 1725 MAHAN DRIVE., SUITE 201 TALLAHASSEE, FL 32308

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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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, JAMES W 1488 DAISY LANE BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, ORREN P.O. BOX 721 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SELLERS, JENNIFER 1475 GRIFFITH CIRCLE BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUSLEY, JERRY 1495 JENKINS BOULEVARD BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, JENNIE 1510 JENKINS BOULEVARD BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000747558 05/17/07-80029-015 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: <u><i>James W. Lee</i></u> JAMES W. LEE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/27/07</u> <u>(850) 547-2279</u> <small>Date Daytime Phone #</small>
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