

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000001968

1. Entity Name  
THE GRIFFITH HOMEOWNERS ASSOCIATION, INC.



**FILED**  
**Aug 20, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1475 JENKINS BOULEVARD  
BONIFAY, FL 32425

Mailing Address  
1475 JENKINS BOULEVARD  
BONIFAY, FL 32425



08172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0538916

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LEE, JAMES W
STREET ADDRESS	1488 DAISY LANE
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	V
NAME	SMITH, ORREN
STREET ADDRESS	P.O. BOX 721
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	S
NAME	SELLERS, JENNIFER
STREET ADDRESS	1475 GRIFFITH CIRCLE
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	T
NAME	AUSLEY, JERRY
STREET ADDRESS	1495 JENKINS BOULEVARD
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	D
NAME	GOODMAN, JENNIE
STREET ADDRESS	1510 JENKINS BOULEVARD
CITY-ST-ZIP	BONIFAY, FL 32425
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000958031  
08/20/08-80002-026 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/08

Date

850 547-2279

Daytime Phone #