

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001968

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE GRIFFITH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1475 JENKINS BOULEVARD
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

1475 JENKINS BOULEVARD
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 51-0538916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACUFF, KARL DAVID
WATKINS & CALEEN, P.A.
1725 MAHAN DRIVE., SUITE 201
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, JAMES W
Address: 1488 DAISY LANE
City-St-Zip: BONIFAY, FL 32425

Title: V () Delete
Name: SMITH, ORREN
Address: P.O. BOX 721
City-St-Zip: BONIFAY, FL 32425

Title: S () Delete
Name: SELLERS, JENNIFER
Address: 1475 GRIFFITH CIRCLE
City-St-Zip: BONIFAY, FL 32425

Title: T () Delete
Name: AUSLEY, JERRY
Address: 1495 JENKINS BOULEVARD
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: GOODMAN, JENNIE
Address: 1510 JENKINS BOULEVARD
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. LEE

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date