

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

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N22421

1. Entity Name
**GRIFFIN ROAD 345 PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
P OBOX 820493
S FLORIDA, FL 33082-0493 US

Mailing Address
P OBOX 820493
S FLORIDA, FL 33082-0493 US

DO NOT WRITE IN THIS SPACE



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0053171

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KNESKI, PAUL J
BISCAYNE BUILDING - SUITE 807
19 WEST FLAGLER STREET
MIAMI, FL 33130**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ZIMMERMAN, ROBERT
STREET ADDRESS 18901 SW 51ST MANOR
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE S
NAME MCCONNON, DELLYN
STREET ADDRESS 18951 SW 57 COURT
CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332

TITLE VP
NAME WHITE, RAE
STREET ADDRESS 19101 SW 59TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33332

TITLE T
NAME ARLOTTA, OFELIA
STREET ADDRESS 19100 SW 59TH STREET
CITY-ST-ZIP FORT LAUDERDALE, FL 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000596371
01/23/07-80076-018 70.00

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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: Dellyn M Connon DELLYN M CONNON 1.17.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #