

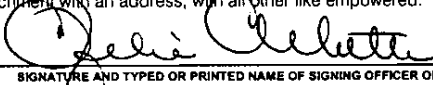


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N22421 1. Entity Name GRIFFIN ROAD 345 PROPERTY OWNERS ASSOCIATION, INC.						FILED 08 AUG -4 PM 3:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business P OBOX 820493 S FLORIDA, FL 33082-0493 US				Mailing Address P OBOX 820493 S FLORIDA, FL 33082-0493 US			
2. Principal Place of Business - No P.O. Box # 19 WEST FLAGLER ST.			3. Mailing Address Suite, Apt. #, etc. SUITE 807			07102008 Chg-NP CR2E037 (12/06)	
City & State MIAMI, FL			City & State City & State			4. FEI Number 65-0053171	
Zip 33130		Country USA		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____							
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D P <input type="checkbox"/> Delete NAME ZIMMERMAN, ROBERT STREET ADDRESS 18901 SW 51ST MANOR CITY-ST-ZIP FT. LAUDERDALE, FL				TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332			
TITLE S <input type="checkbox"/> Delete NAME MCCONNON, DELLYN STREET ADDRESS 18951 SW 57 COURT CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 500134018855 08/06/08-01011-001 ***70.00			
TITLE VP <input checked="" type="checkbox"/> Delete NAME WHITE, RAE STREET ADDRESS 40101 SW 50TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33332				TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME WILLIAM DISCIPPIO STREET ADDRESS 5961 SW 190 AVE CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332			
TITLE T <input type="checkbox"/> Delete NAME ARLOTTA, OFELIA STREET ADDRESS 19100 SW 59TH STREET CITY-ST-ZIP FORT LAUDERDALE, FL 33332				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP SOUTHWEST RANCHES			
TITLE D <input type="checkbox"/> Delete NAME ARMAS, LILIANA STREET ADDRESS 18900 SW 53 ST CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332				TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input checked="" type="checkbox"/> Delete NAME GIACIN, PAGE STREET ADDRESS 40001 SW 59ST CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332				TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JAY EVANS STREET ADDRESS 18951 S.W. 51 MANOR CITY-ST-ZIP SOUTHWEST RANCHES, FL 33332			
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:  OFELIA ARLOTTA 7-31-08 305-512-4042 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							

8/5an