

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22421

FILED  
Jan 22, 2009  
Secretary of State

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

**Current Principal Place of Business:**

19 WEST FLAGGLER ST.  
SUITE 807  
MIAMI, FL 33130 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 820493  
S FLORIDA, FL 330820493

**New Mailing Address:**

**FEI Number:** 65-0053171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KNESKI, PAUL J  
BISCAYNE BUILDING - SUITE 807  
19 WEST FLAGLER STREET  
MIAMI, FL 33130 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: ZIMMERMAN, ROBERT  
Address: 18901 SW 51ST MANOR  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: S ( ) Delete  
Name: MCCONNON, DELLYN  
Address: 18951 SW 57 COURT  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: D ( ) Delete  
Name: DISCIPPIO, WILLIAM  
Address: 5961 SW 190 AVE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: T ( ) Delete  
Name: ARLOTTA, OFELIA  
Address: 19100 SW 59TH STREET  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: VP ( ) Delete  
Name: ARMAS, LILIANA  
Address: 18900 SW 53 ST  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: D ( ) Delete  
Name: EVANS, JAY  
Address: 18951 S.W. 51 MANOR  
City-St-Zip: SOUTHWEST RANCHES, FL 33332

**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:

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: OFELIA ARLOTTA

T

01/22/2009

Electronic Signature of Signing Officer or Director

Date