


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90165 047 \*\*\*\*61.25

<b>DOCUMENT # N27175</b> 1. Entity Name <b>GRIFFON WOODS ASSOCIATION, INC.</b>					
Principal Place of Business <b>ALL FLORIDA SERVICES, INC</b> <del>6124 GRIFFON CIRCLE</del> <b>SARASOTA, FL 34243 US</b>			Mailing Address <b>2831 RINGLING BLVD.</b> <b>218F</b> <b>SARASOTA, FL 34237</b>		
2. Principal Place of Business - No P.O. Box # <b>4698 Del Sol Blvd</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country		4. FEI Number <b>65-0180745</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01042007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>ALL FLORIDA SERVICES, INC</b> <b>2831 RINGLING BLVD STE 218F</b> <b>SARASOTA, FL 34237</b>			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 <u>Gerald F. Bishop</u> <b>GERALD F. Bishop</b> <u>1/17/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRAKOW, MICHAEL 2831 RINGLING BLVD., STE 218F SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MATHENY, VIDA 2831 RINGLING BLVD STE 218F SARASOTA, FL 34237	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BISHOP, THOMAS 2831 RINGLING BLVD., STE 218F SARASOTA, FL 342375354	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURKHARDT, HAROLD 2831 RINGLING BLVD., STE 218F SARASOTA, FL 342375354	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HAMS, RICHARD 2831 RINGLING BLVD., STE 218F SARASOTA, FL 34237	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HARRIS, RICHARD 2831 RINGLING BLVD STE 218F SARASOTA, FL 34237	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KUSKIN, JERRY 2831 RINGLING BLVD., STE 218F SARASOTA, FL 342375354	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HUTFILZ, MARILYN 2831 RINGLING BLVD STE 218F SARASOTA, FL 34237	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AVEDON, ELLIOTT M. 2831 RINGLING BLVD STE 218F SARASOTA, FL 34237	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>T Bishop</u> <b>T Bishop</b>			Date <u>3/30/07</u> Daytime Phone # <u>941 366 7461</u>		