## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27175

FILED Apr 28, 2009 Secretary of State

Entity Name: GRIFFON WOODS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
ALL FLORIDA SERVICES, INC 4698 DEL SOL BLVD				ALL FLORIDA SERVICES, INC 2831 RINGLING BLVD. 281F	
	TA, FL 34243	US		TA, FL 34237 US	
Current Mailing Address:			New Maili	New Mailing Address:	
	GLING BLVD.				
218F SARASOT	TA, FL 34237				
FEI Number	: 65-0180745	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
2831 RING	RIDA SERVICE: GLING BLVD S FA, FL 34237				
	e named entity s e of Florida.	submits this statement for the p	urpose of changing i	its registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	LOCK, R	Delete B BLVD., SUITE 218F 34237	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	BURKHARDT, H	BLVD., STE 218F	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	HARRIS, RICHA	BBLVD., STE 218F	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition MELE, J 2831 RINGLING BLVD., STE 218F SARASOTA, FL 34237	
Title: Name: Address: City-St-Zip:	HUTFILZ, MARI	BBLVD., STE 218F	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition HUTFILZ, MARILYN 2831 RINGLING BLVD., STE 218F SARASOTA, FL 342375354	
Title: Name: Address: City-St-Zip:	AVEDON, ELLI	BLVD STE 218 F	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	RS ( ) Change (X) Addition HUTFILZ, G 2831 RINGLING BLVD. 218F SARASOTA, FL 34237 US	

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: M. HUTFILZ P 04/28/2009