## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000004094

Entity Name: GRIFFIN PARK AT GRIFFIN FARMS HOMEOWNERS'

ASSOCIATION, INC.

**Current Principal Place of Business:** 

1000 PINE HOLLOW POINT ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:** 

1000 PINE HOLLOW POINT

ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 82-5368561 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA 1000 PINE HOLLOW POINT

ALTAMONTE SPRINGS, FL 32714 US

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: BRETT M JORDAN 01/27/2025

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **SECRETARY** 

Name KETTERMAN, JOHN Name PAMELA, STEWART

Address 1000 PINE HOLLOW POINT Address 1000 PINE HOLLOW POINT

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title Title MANAGER

Name SPECIALTY MANAGEMENT COMPANY Name MILLER, BRUCE

OF CENTRAL FLORIDA Address 1000 PINE HOLLOW POINT

1000 PINE HOLLOW POINT Address

City-State-Zip: ALTAMONTE SPRINGS FL 32714 City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title **TREASURER** 

Name MATTERN, RICHARD

Address 1000 PINE HOLLOW POINT

City-State-Zip: ALTAMONTE SPRINGS FL 32714

I hereby 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 all other like empowered.

SIGNATURE: BRETT M JORDAN

Electronic Signature of Signing Officer/Director Detail

**MANAGER** 

01/27/2025 Date

Date

**FILED** Jan 27, 2025

**Secretary of State** 

1339880010CC