

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

N03000009918

DOCUMENT # N03000009918 1. Entity Name GRACE GROVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 4568 NORTH U.S. HIGHWAY 1 VERO BEACH, FL 32967			Mailing Address 4568 NORTH U.S. HIGHWAY 1 VERO BEACH, FL 32967		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0928151	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For? ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, JAMES 4568 NORTH U.S. HIGHWAY 1 VERO BEACH, FL 32967				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
B. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	P		TITLE	☐ Change ☐ Addition	
NAME	HUDSON, RONALD DR		NAME		
STREET ADDRESS	4568 N. US HWY 1		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32967		CITY - ST - ZIP		
TITLE	S		TITLE	☐ Change ☐ Addition	
NAME	REAVES, SUSAN		NAME		
STREET ADDRESS	4568 N. US HWY 1		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32967		CITY - ST - ZIP		
TITLE	T		TITLE	☐ Change ☐ Addition	
NAME	MERRILL, KAREN		NAME		
STREET ADDRESS	4568 N. US HWY 1		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH, FL 32967		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Susan S. Reaves</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/15/05 772-562-9860 Daytime Phone # EXT. 210		

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