2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

Apr 13, 2006 8:00 am Secretary of State DOCUMENT # N02000006385 04-13-2006 90308 027 ****61.25 GRACE PINES HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 4568 N. US HWY 1 4568 N. US HWY 1 VERO BEACH, FL 32967 VERO BEACH, FL 32967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04102006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 26-0057174 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAFNER, TROY B 979 BEACHLAND BOULEVARD Street Address (P.O. Box Number is Not Acceptable) VERO BEACH, FL 32963 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, Ψ_{ν} SIGNATURE Signature, typed or printed name of segistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. P NAPICR, TAMMY TTLE Detete TTD F Scott J. Smith 4215 36 th Court Change Addition NAME NAME STREET ADDRESS 4228 36TH CR STREET ADDRESS Vero Beach Fl 32967 CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP TITLE ☐ Delete TITI F TD Change ■ Addition LEMONS, VALERIE NAME 4209 36TH CT STREET ADDRESS STREET ADDRESS F132967 CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-ZIP TD TITLE ☐ Detete TIM F ☐ Change ☐ Addition MERRILL, KAREN NAME STREET ADDRESS 4568 N. U.S. HWY 1 STREET ADDRESS CITY-ST-7IP VERO BEACH, FL 32967 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition susan Reaves 1 4568 N. US Hwy I REAVES, SUSAN NAME STREET ADDRESS 4568 B USHWY 1 STREET ADDRESS vero Beach F/32967 CITY-ST-ZIP VERO BEACH, FL 32967 CITY-ST-70P TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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FILED