

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006385

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** GRACE PINES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4568 N. US HWY 1  
VERO BEACH, FL 32967

**New Principal Place of Business:**

**Current Mailing Address:**

4568 N. US HWY 1  
VERO BEACH, FL 32967

**New Mailing Address:**

**FEI Number:** 26-0057174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWLER, ANDREW R  
4568 US HIGHWAY 1  
VERO BEACH, FL 32967 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FROST, CORRINE  
**Address:** 4246 36TH CT  
**City-St-Zip:** VERO BEACH, FL 32967

**Title:** VP  
**Name:** FRANKLIN, MELISSA  
**Address:** 4205 36TH CT  
**City-St-Zip:** VERO BEACH, FL 32967

**Title:** S  
**Name:** CONEY, ANQUARIA  
**Address:** 4252 36TH COURT  
**City-St-Zip:** VERO BEACH, FL 32967

**Title:** T  
**Name:** REAVES, SUSAN  
**Address:** 4568 N. U.S. HWY 1  
**City-St-Zip:** VERO BEACH, FL 32967

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:** SUSAN REAVES

T

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date