2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2008 8:00 am Secretary of State

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1. Entity Name
GRACE GROVE HOMEOWNERS' ASSOCIATION INC.



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4568 NORTH U.S. HIGHWAY 1		Mailing Address 4568 NORTH U.S. HIGHWAY 1 VERO BEACH, FL 32967		40110564					
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032008 CI	ng-NP	CR2E037	(12/06)		
City & State		City & State			4. FEI Number 20-092815	 61			plied For t Applicable
Zip	Country	Zip	Count	try	5. Certificate of St	atus Desired		8.75 Add	itional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered Aç	jent	
DAVIS, JA	MES			Name					
4568 NOR	RTH U.S. HIGHWAY 1 ACH, FL 32967		Street Address		(P.O. Box Number is	Not Acceptable	e)		
			-	City			FL	Zip Code)
	a named entity submits this statement for	or the purpose of changing its r	egistered	office or registe	ered agent, or both, in	the State of Flo] miliar with, :	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	Agent signature require	d when reinstating)		DATE		,
Filing Fee is \$61.25 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution.						
D			-		\$5.00 May Be Added to Fees		ake check i ida Departn		
10.	ue by September 12, 2008 OFFICERS AND DI	Trust Fund Co	-	n.	\$5.00 May Be Added to Fees	Flori	ida Departn RS AND DIRE	CTORS IN	10
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

caves 7 3 08

172-562-9860 pm

Daytime Phone #