

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010886

FILED
Mar 23, 2009
Secretary of State

Entity Name: GRACE HARBOR ESTATE, INC

Current Principal Place of Business:

1843 MCCARTHY AVENUE
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

1843 MCCARTHY AVENUE
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 20-2315223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLERY, RT
1843 MC CARTHY AVENUE
SANFORD, FL 32771 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 () Delete
Name: HILLERY, R L
Address: 1843 MC CARTHY AVE
City-St-Zip: SANFORD, FL 32771 US

Title: S () Delete
Name: HENRY, VELERIA I
Address: 1830 LANDING DR
City-St-Zip: SANFORD, FL 32771 US

Title: D () Delete
Name: HILLERY, JOSEPH M
Address: 1843 MC CARTHY AVE
City-St-Zip: SANFORD, FL 32771 US

Title: D () Delete
Name: HILLERY, TARA G
Address: 1843 MC CARTHY AVE
City-St-Zip: SANFORD, FL 32771 US

Title: VP () Delete
Name: GRACE, LINION
Address: 615 PINE AVENUE
City-St-Zip: SANFORD, FL 32771 US

Title: D () Delete
Name: GRACE, ALISA L
Address: 615 PINE AVENUE
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RL HILLERY

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date