

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 28, 2008 8:00 am**  
**Secretary of State**

07-29-2008 90010 045 \*\*\*\*61.25

<b>DOCUMENT # N07000004823</b> 1. Entity Name <b>GRACE MEADOWS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>4568 N. US HWY. ONE VERO BCH FL 32967</b>			Mailing Address <b>4568 N. US HWY. ONE VERO BCH FL 32967</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>BOWLER, ANDREW R 4568 N. US HWY. ONE VERO BCH FL 32967</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
4. FEI Number <b>26-3020815</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
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.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By September 3, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Subdivision still under construction. Only 7 of the 76 homes complete as of 7/15/08. <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Andrew R. Bowler 4568 N. US Hwy. 1 Vero Beach, FL 32967</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Buildw is Indian River <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Susan E. Reaves 2471 7th Court SW Vero Beach, FL 32962</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Habitat For Humanity HOA not formerly developed <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Dona Charlton 2670 - 71st Circle, #102 Vero Beach, FL 32966</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Marcy Isola 407 N. Key Lime Square SW Vero Beach, FL 32968</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Susan E Reaves</b> <i>Susan E Reaves</i> <b>7/15/08</b> <b>112-522-9860</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Date: \_\_\_\_\_ Daytime Phone #: **7210**

## ATTACHMENT

66016147  
# 07600004823Form **SS-4**  
(Rev. July 2007)**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Grace Meadows Homeowners Association Inc</b>		
	2 Trade name of business (if different from name on line 1) <b>INDIAN RIVER HABITAT FOR HUMANITY</b>	3 Executor, administrator, trustee, "care of" name <b>Susan E. Reaves</b>	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>4568 US Highway I</b>	5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code (if foreign, see instructions) <b>Vero Beach, FL 32967</b>	5b City, state, and ZIP code (if foreign, see instructions)	
Type or print clearly.	6 County and state where principal business is located <b>INDIAN RIVER County - FL</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>Andrew R. Bowler</b>	7b SSN, ITIN, or EIN <b>65-0230079</b>	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members	
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <b>HOA</b> <input type="checkbox"/> Other (specify) ▶ _____			
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>FL</b>	Foreign country
10 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
11 Date business started or acquired (month, day, year). See instructions. <b>July 2008</b>		12 Closing month of accounting year <b>June</b>	
13 Highest number of employees expected in the next 12 months (enter -0- if none).		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")	
Agricultural _____		Household _____	
Other _____			
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year).			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>Homeowners Association</b>			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," write previous EIN here ▶ <b>26-3020815</b>			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name <b>Susan Reaves</b>		Designee's telephone number (include area code) <b>(772) 321-8734</b>
	Address and ZIP code <b>2471 7<sup>th</sup> Ct SW, Vero Beach, FL 32962</b>		Designee's tax number (include area code) <b>(772) 562-8732</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) <b>(772) 362-9860</b>
Name and title (type or print clearly) ▶ <b>Andrew R. Bowler, Pres. CEO.</b>			Applicant's tax number (include area code) <b>(772) 562-8732</b>
Signature ▶ <b>Andrew R. Bowler</b>			Date ▶ <b>7-22-08</b>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 7-2007)