

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

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90016 031 \*\*\*\*61.25

**DOCUMENT # N23622**

1. Entity Name

GRACEWOOD AT RIVER RIDGE HOMEOWNERS'  
ASSOCIATION, INC.



Principal Place of Business

PO BOX 2007  
NEW PORT RICHEY FL 34656

Mailing Address

PO BOX 2007  
NEW PORT RICHEY FL 34656



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number  
59-2972928

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, JEANNE  
7241 AUBURN LANE  
NEW PORT RICHEY FL 34654

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW. FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME AITKEN, MIKE  
STREET ADDRESS 10017 FOUNTAIN COURT  
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE V  
NAME HORVATH, BARRY  
STREET ADDRESS 10013 FOUNTAIN COURT  
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☒ Delete

TITLE S  
NAME WALKER, BRENDA  
STREET ADDRESS 7209 AUBURN LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE T  
NAME MILLS, JEANNIE  
STREET ADDRESS 7241 AUBURN LANE  
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V.P.  
NAME Robyn Singleton  
STREET ADDRESS 10023 Fountain Cr.  
CITY-ST-ZIP N.P.R. FL 34654 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Jeanne M. Mills*

Jeanne M. Mills

1/30/08

727-842-8028