## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N23622

FILED Jan 09, 2009 Secretary of State

Entity Name: GRACEWOOD AT RIVER RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current P	Principal Place of Bu	ısiness:	New Principal Place	of Business:
		<del></del>	•	
PO BOX 2 NEW POF	2007 RT RICHEY, FL 3465	66	7241 AUBURN LANE NEW PORT RICHEY,	FL 34654
Current Mailing Address:			New Mailing Address:	
PO BOX 2 NEW POF	2007 RT RICHEY, FL 3465	66		
El Number	: 59-2972928 FEI	Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of Currer	t Registered Agent:	Name and Address of	of New Registered Agent:
NEW POF	URN LANE RT RICHEY, FL 3465		purpose of changing its registere	ed office or registered agent, or both,
				, , , , , , , , , , , , , , , , , , ,
n the Stat	e of Florida.			
	e of Florida. RE:	nature of Registered Ag		Date
n the Stat SIGNATU	e of Florida. RE:	nature of Registered Ag	ent	
n the Stat SIGNATU	e of Florida.  RE: Electronic Sig	nature of Registered Ag :	ent	Date
n the Stat  SIGNATU  DFFICER  Title: Name: Address:	e of Florida.  RE: Electronic Sig  S AND DIRECTORS  P () Delete AITKEN, MIKE 10017 FOUNTAIN COL	nature of Registered Ag :: JRT FL 34654	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
n the Stat BIGNATU  DFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida.  RE:  Electronic Sig  S AND DIRECTORS  P ( ) Delete AITKEN, MIKE 10017 FOUNTAIN COL NEW PORT RICHEY, I  VP ( ) Delete SINGLETON, ROBYN 10025 FOUNTAIN CT	nature of Registered Ag :: JRT FL 34654 FL 34654	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

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: JEANNE MILLS T 01/09/2009