

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90015 037 ****61.25

DOCUMENT # N92000000865

1. Entity Name

GRACEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4900 S. DAVIE RD.
 DAVIE FL 33314

Mailing Address

4900 S. DAVIE RD.
 DAVIE FL 33314

910450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0379176

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

GILL, THOMAS F
 4900 S. DAVIE ROAD
 DAVIE FL 33314

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME GILL, THOMAS F
 STREET ADDRESS 4900 S. DAVIE RD.
 CITY-ST-ZIP DAVIE FL 33314

TITLE VP Change Addition
 NAME Thompson, John
 STREET ADDRESS P.O. Box 5413
 CITY-ST-ZIP St. Augustine, Fl. 32085

TITLE STD Delete
 NAME GILL, CAROLYN C
 STREET ADDRESS 4900 S. DAVIE RD.
 CITY-ST-ZIP DAVIE FL 33314

TITLE SEC Change Addition
 NAME WEAVER, SARA
 STREET ADDRESS 5121 Gracewood Lane
 CITY-ST-ZIP St. Augustine, Fl. 32092

TITLE D Delete
 NAME RUBIN, M.
 STREET ADDRESS 6335 GOMES RD.
 CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE Treasurer Change Addition
 NAME FERRIS, BECKY
 STREET ADDRESS 5137 Gracewood Lane
 CITY-ST-ZIP St. Augustine, Fl. 33092

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DIR Change Addition
 NAME MIDDLE, BRAD
 STREET ADDRESS 5208 Birchwood Place
 CITY-ST-ZIP St. Augustine, Fl. 32092

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DIR Change Addition
 NAME SWILLEY, BEN
 STREET ADDRESS 8287 River Road
 CITY-ST-ZIP St. Augustine, Fl. 32092

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DIR Change Addition
 NAME FIVEASH, DAVID
 STREET ADDRESS P.O. BOX 4471
 CITY-ST-ZIP St. Augustine, Fl. 33085

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/19/01

Date

954 583 0821

Daytime Phone #

CR2E037 (10/00)