

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90062 035 \*\*\*\*61.25

**54029616**



MOORE CR2E037 (11/03)

<b>DOCUMENT # N92000000865</b>				
1. Entity Name <b>GRACEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.</b>				
Principal Place of Business 4900 S. DAVIE RD. DAVIE FL 33314		Mailing Address 4900 S. DAVIE RD. DAVIE FL 33314		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0379176</b> Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent <b>GILL, THOMAS F 4900 S. DAVIE ROAD DAVIE FL 33314</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>3/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<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	<b>PD GILL, THOMAS F 4900 S. DAVIE RD. DAVIE FL 33314</b> <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	<b>V THOMPSON, JOHN 5108 GRACEWOOD LANE SAINT AUGUSTINE FL 32092</b> <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	<b>D FIVEASH, DAVID P.O. BOX 4471 ST. AUGUSTINE FL 33085</b> <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	<b>D SWILLEY, BEN 8287 RIVER ROAD SAINT AUGUSTINE FL 32092</b> <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	<b>D MIDDLE, BRAD 5208 BIRCHWOOD PLACE SAINT AUGUSTINE FL 32092</b> <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 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.				
<b>SIGNATURE:</b>		Date <b>3/29/04</b> Daytime Phone # <b>859 5830831</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				