


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



03232005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0379176 Applied For:  No:  Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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: *Thomas F. Gill* THOMAS F. GILL DATE: 3/23/2005

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD	NAME: GILL, THOMAS F	STREET ADDRESS: 4900 S. DAVIE RD.	CITY-ST-ZIP: DAVIE, FL 33314
TITLE: V	NAME: THOMPSON, JOHN	STREET ADDRESS: 5108 GRACEWOOD LANE	CITY-ST-ZIP: SAINT AUGUSTINE, FL 32092
TITLE: D	NAME: FIVEASH, DAVID	STREET ADDRESS: P.O. BOX 4471	CITY-ST-ZIP: ST. AUGUSTINE, FL 33085
TITLE: D	NAME: SWILLEY, BEN	STREET ADDRESS: 8287 RIVER ROAD	CITY-ST-ZIP: SAINT AUGUSTINE, FL 32092
TITLE: D	NAME: MIDDLE, BRAD	STREET ADDRESS: 5208 BIRCHWOOD PLACE	CITY-ST-ZIP: SAINT AUGUSTINE, FL 32092
TITLE:	NAME:	STREET ADDRESS:	CITY-ST-ZIP:

U00000277661  
 03/26/05-80037-025 61.25

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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: *Thomas F. Gill* Thomas F. Gill DATE: 3/23/2005 954 583-0831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #