

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

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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

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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 3/23/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-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 3/23/2005 954 583-0831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #