
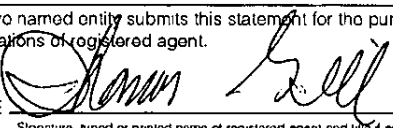


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 A
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0379176	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			(NOTE: Registered Agent signature required when reinstating)		DATE 4/19/07
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
			Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILL, THOMAS F	NAME	U00000725045 05/03/07-80007-008 61.25		
STREET ADDRESS	4900 S. DAVIE RD.				
CITY-ST-ZIP	DAVIE FL 33314				
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, JOHN	NAME			
STREET ADDRESS	5108 GRACEWOOD LANE	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIVEASH, DAVID	NAME			
STREET ADDRESS	P.O. BOX 4471	STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL 33085	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWILLEY, BEN	NAME			
STREET ADDRESS	8287 RIVER ROAD	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIDDLE, BRAD	NAME			
STREET ADDRESS	5208 BIRCHWOOD PLACE	STREET ADDRESS			
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  4/19/07 954 583 0831