


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

| | |
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| DOCUMENT # N92000000865 |  |
| 1. Entity Name GRACEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC. | |

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|---|---|
| Principal Place of Business 4900 S. DAVIE RD. DAVIE, FL 33314 | Mailing Address 4900 S. DAVIE RD. DAVIE, FL 33314 |
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 4. FEI Number 65-0379176 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008


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

U000000865542
 04/07/08-80032-024 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GILL, THOMAS F 4900 S. DAVIE RD. DAVIE, FL 33314 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V THOMPSON, JOHN 5108 GRACEWOOD LANE SAINT AUGUSTINE, FL 32092 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FIVEASH, DAVID P.O. BOX 4471 ST. AUGUSTINE, FL 33085 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SWILLEY, BEN 8287 RIVER ROAD SAINT AUGUSTINE, FL 32092 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MIDDLE, BRAD 5208 BIRCHWOOD PLACE SAINT AUGUSTINE, FL 32092 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **3/24/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone
 804-583-0831