

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000865

FILED
Jan 08, 2009
Secretary of State

Entity Name: GRACEWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4900 S. DAVIE RD.
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4900 S. DAVIE RD.
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0379176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GILL, THOMAS F
Address: 4900 S. DAVIE RD.
City-St-Zip: DAVIE, FL 33314

Title: V () Delete
Name: THOMPSON, JOHN
Address: 5108 GRACEWOOD LANE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: FIVEASH, DAVID
Address: P.O. BOX 4471
City-St-Zip: ST. AUGUSTINE, FL 33085

Title: D () Delete
Name: SWILLEY, BEN
Address: 8287 RIVER ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D (X) Delete
Name: MIDDLE, BRAD
Address: 5208 BIRCHWOOD PLACE
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MIDDLE, BRAD
Address: 5208 BIRCHWOOD PL.
City-St-Zip: ST. AUGUSTINE, FL 32094

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. GILL

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date