


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 02, 2003 8:00 am  
Secretary of State

0009794

09-02-2003 90192 020 \*\*\*\*61.25


**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: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.  
City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

  
 CHECK HERE IF MAKING CHANGES  
4. FEI Number **65-0379176** Applied For:  Not 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**

7. Name and Address of New Registered Agent  
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: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	GILL, THOMAS F	
STREET ADDRESS	4900 S. DAVIE RD.	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, JOHN	
STREET ADDRESS	5108 GRACEWOOD LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, SARA	
STREET ADDRESS	5121 GRACEWOOD LANE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIVEASH, DAVID	
STREET ADDRESS	P.O. BOX 4471	
CITY-ST-ZIP	ST. AUGUSTINE FL 33085	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWILLEY, BEN	
STREET ADDRESS	8287 RIVER ROAD	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIDDLE, BRAD	
STREET ADDRESS	5208 BIRCHWOOD PLACE	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_ **SIGNATURE REQUIRED** 7/7/03 954 583-0831  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)