

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90013 040 ***150.00

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1. Entity Name
GRACEWOOD MANAGEMENT COMPANY



Principal Place of Business

**21 ROYAL PALM POINTE
SUITE 201
VERO BEACH, FL 32960**

Mailing Address

**P.O. BOX 370
VERO BEACH, FL 32961**

50002635



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0711551

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUTHER, JOHN M
21 ROYAL PALM POINTE
SUITE 201
VERO BEACH, FL 32960**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUTHER, JOHN M
STREET ADDRESS	555 SOUTH A1A
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	CD
NAME	RICHARDSON, DANFORTH K
STREET ADDRESS	1035 ST JAMES CIR
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	ATS
NAME	PEREZ, TOMAS R
STREET ADDRESS	2019 CORTEZ AVE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	ST
NAME	NEWMAN, PAUL A
STREET ADDRESS	21 ROYAL PALM POINTE, SUITE 201
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul A. Newman, Treasurer

April 7th, 2008

Daytime Phone #

772-567-1151