SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:01

DOCUMENT # **754180** **(8)**

1. Corporation Name

FONTAINEBLEAU ROYALE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~710 E. SILVER SPRINGS BLVD. SUITE B OCALA FL 34470~~	~~710 E. SILVER SPRINGS BLVD. SUITE B OCALA FL 34470~~ OCALA FL 34470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1980
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2230018 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 325 NE 25th Ave	26 325 NE 25th Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OCALA, FL	28 City & State: OCALA, FL
24 Zip: 34470 25 Country: MARION	29 Zip: 34470 30 Country: MARION

9. Name and Address of Current Registered Agent

BUNCH, NORVAL
2223 NE 45TH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
TITLE	P	1.1 TITLE	
NAME	BUNCH, NORVAL	1.2 NAME	
STREET ADDRESS	2223 NE 45 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	☐ Change ☐ Addition
NAME	GRAPPERHAUS, GERALD	2.2 NAME	
STREET ADDRESS	2141 NE 45TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	TORRI, RON	3.2 NAME	
STREET ADDRESS	505 SUNBELT RD #2, SUITE B	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	TORRI, ANN	4.2 NAME	
STREET ADDRESS	505 SUNBELT RD #2	4.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RECOR, JAMES	5.2 NAME	
STREET ADDRESS	2217 NE 45TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	NOELCKE, NORMA	6.2 NAME	
STREET ADDRESS	2148 NE 45TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Norval Bunch 4/15/95 904 622 1119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017669