

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 754180 (8)
1. Corporation Name
FONTAINEBLEAU ROYALE HOME OWNERS ASSOCIATION, IN
C.



Principal Place of Business Mailing Address
325 NE 25TH AVE 325 NE 25TH AVE
OCALA FL 34470 Ocala FL 34470
US US

3. Date Incorporated or Qualified 09/15/1980 3a. Date of Last Report 06/21/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2230018	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUNCH, NORVAL
2223 NE 45TH AVENUE
OCALA FL 34470

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PRESIDENT, DIRECTOR
NAME	BUNCH, NORVAL	12 NAME	BUNCH, NORVAL
STREET ADDRESS	2223 NE 45 AVENUE	13 STREET ADDRESS	2223 NE 45th Ave
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	OCALA, FL 34470
TITLE	DT	21 TITLE	DIRECTOR, TREASURER
NAME	GRAPPERHAUS, GERALD	22 NAME	JAMES CRAWFORD
STREET ADDRESS	2141 NE 45TH AVE.	23 STREET ADDRESS	2137 NE 45th Ave.
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	OCALA, FL 34470
TITLE	V	31 TITLE	
NAME	TORRI, RON	32 NAME	
STREET ADDRESS	505 SUNBELT RD #2, SUITE B	33 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	
NAME	TORRI, ANN	42 NAME	
STREET ADDRESS	505 SUNBELT RD #2	43 STREET ADDRESS	000001743016
CITY-ST-ZIP	LADY LAKE FL	44 CITY-ST-ZIP	-03/14/96--01046--027
TITLE	D	51 TITLE	
NAME	RECOR, JAMES	52 NAME	
STREET ADDRESS	2217 NE 45TH AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	
NAME	NOELCKE, NORMA	62 NAME	
STREET ADDRESS	2148 NE 45TH AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	64 CITY-ST-ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)