

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90075 011 ****61.25

0070285

DOCUMENT # 754180

1. Corporation Name

**FONTAINEBLEAU ROYALE HOME OWNERS ASSOCIATION, IN
C.**

12/429 - 90075 - 11

Principal Place of Business

325 NE 25TH AVE
OCALA FL 34470
US

Mailing Address

325 NE 25TH AVE
OCALA FL 34470
US



2. Principal Place of Business

21 **3442 SE LK WEIR RD**

2a. Mailing Address

26 **3442 SE LK WEIR RD**

3. Date Incorporated or Qualified

09/15/1980

Suite, Apt. #, etc.

22 **SUITE B**

Suite, Apt. #, etc.

27 **SUITE B**

4. FEI Number

59-2230018

Applied For

Not Applicable

City & State

23 **OCALA, FL.**

City & State

28 **OCALA FL**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

24 **34471** 25 **USA**

Zip

Country

29 **34471** 30 **USA**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **BUNCH, NORVAL**
STREET ADDRESS **2223 NE 45 AVENUE**
CITY-ST-ZIP **OCALA FL**

TITLE **DT** ☐ DELETE
NAME **CRAWFORD, JAMES**
STREET ADDRESS **2137 NE 45 AVE**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **V** ☐ DELETE
NAME **TORRI, RON**
STREET ADDRESS **505 SUNBELT RD #2, SUITE B**
CITY-ST-ZIP **OCALA FL**

TITLE **S** ☐ DELETE
NAME **TORRI, ANN**
STREET ADDRESS **505 SUNBELT RD #2**
CITY-ST-ZIP **LADY LAKE FL**

TITLE **D** ☐ DELETE
NAME **RECOR, JAMES**
STREET ADDRESS **2217 NE 45TH AVENUE**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: **X** **SIGNATURES REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-99

CR2E037 (11/98)