



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90090 004 ***150.00

DOCUMENT # 754180 1. Entity Name FONTAINEBLEAU ROYALE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 2133 N.E. 45TH AVENUE OCALA, FL 34470 US			Mailing Address POST OFFICE BOX 25 SILVER SPRINGS, FL 34470		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 25 Suite, Apt. #, etc.		00033447 	
City & State SILVER SPRINGS, FL		City & State SILVER SPRINGS, FL		4. FEI Number 59-3093687	
Zip 34489		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUNCH, NORVAL 2145 N.E. 45TH AVENUE OCALA, FL 34470			7. Name and Address of New Registered Agent Name MARY JO SIMMONS Street Address (P.O. Box Number is Not Acceptable) 2133 N.E. 45TH AVENUE City OCALA FL Zip Code 34470		
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 <u>Mary Jo Simmons</u> MARY JO SIMMONS 3/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BUNCH, NORVAL 2145 N.E. 45TH AVENUE OCALA, FL 34470	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRESIDENT BUNCH, HELEN R. 2145 NE 45TH AVENUE OCALA, FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CRAUTHAMEL, JENNIFER 2211 N.E. 45 AVE OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CROUTHAMEL, JENNIFER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BUNCH, ANASTACIA 2223 N.E. 45TH AVENUE OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T SIMMONS, MARY JO 2133 45TH AVENUE OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	2133 N.E. 45TH AVENUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WILSON, JOHN 2219 N.E. 45TH AVENUE OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COON, VICKI 2140 N.E. 45TH AVENUE OCALA, FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Mary Jo Simmons</u> 3/29/05 352-236-0843 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>					
MARY JO SIMMONS TREASURER					