# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 19, 2006 8:00 am**
**Secretary of State**
04-19-2006 90098 006 ****61.25

DOCUMENT # 754180

1. Entity Name
FONTAINEBLEAU ROYALE HOME OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2133 N.E. 45TH AVENUE<br>OCALA, FL 34470 US | POST OFFICE BOX 25<br>SILVER SPRINGS, FL 34489 |

000028718

01242006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3093687 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SIMMONS, MARY JO<br>2133 NE 45TH AVENUE<br>OCALA, FL 34470 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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<br>BUNCH, HELEN R<br>2145 NE 45TH AVENUE<br>OCALA, FL 34470 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>CROUTHAMEL, JENNIFER<br>2211 N.E. 45 AVE<br>OCALA, FL 34470 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Paul Wildman<br>2138 NE 45th Avenue<br>Ocala, FL 34470 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BUNCH, ANASTACIA<br>2223 NE.E. 45TH AVENUE<br>OCALA, FL 33470 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Darcie Barron<br>2132 NE 45th Avenue<br>Ocala, FL 34470 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SIMMONS, MARY JO<br>2133 NE 45TH AVENUE<br>OCALA, FL 34470 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILSON, JOHN<br>2219 N.E. 45TH AVENUE<br>OCALA, FL 34470 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COON, VICKI<br>2140 N.E. 45TH AVENUE<br>OCALA, FL 34470 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Anastacia Bunch<br>2223 NE 45th Avenue<br>Ocala, FL 34470 | ☐ Change ☒ Addition |

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 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:** Mary Jo Simmons Mary Jo Simmons 4/11/06 352-236-0843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #