

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90022 009 \*\*\*\*61.25

**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 34489**

40053127



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202008 Chg-NP CR2E037 (12/06)

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  
2133 NE 45TH AVENUE  
OCALA, FL 34470**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**3/21/08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
WILDMAN, PAUL  
2138 NE 45TH AVENUE  
OCALA, FL 34470** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
Wildman, Paul  
3270 NE 63rd Street  
Ocala, FL 34479** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
CROUTHAMEL, JENNIFER  
2211 NE 45TH AVENUE  
OCALA, FL 34470** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Wilson, John  
2219 NE 45th Avenue  
Ocala, FL 34470** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SIMMONS, MARY JO  
2133 NE 45TH AVENUE  
OCALA, FL 34470** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
SIMMONS, MARY JO  
2133 NE 45TH AVENUE  
OCALA, FL 34470** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILSON, JOHN  
2219 N.E. 45TH AVENUE  
OCALA, FL 34470** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Lusher, Nell  
2139 NE 45th Avenue  
Ocala, FL 34470** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCDUGALL, BARBARA  
2141 NE 45TH AVENUE  
OCALA, FL 34470** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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*

**3/21/08**

**352-236-0843**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MARY JO SIMMONS, TREASURER**