2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# 754180

Entity Name: FONTAINEBLEAU ROYALE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2133 N.E. 45TH AVENUE
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 25
SILVER SPRINGS, FL 34489

New Mailing Address:

FEI Number: 59-3093687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, MARY JO
2133 NE 45TH AVENUE
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WILDMAN, PAUL	
Address:	3270 NE 63RD STREET	
City-St-Zip:	OCALA, FL 34479	
Title:	VP	( ) Delete
Name:	WILSON, JOHN	
Address:	2219 NE 45TH AVENUE	
City-St-Zip:	OCALA, FL 34470	
Title:	S	( ) Delete
Name:	SIMMONS, MARY JO	
Address:	2133 NE 45TH AVENUE	
City-St-Zip:	OCALA, FL 34470	
Title:	T	( ) Delete
Name:	SIMMONS, MARY JO	
Address:	2133 NE 45TH AVENUE	
City-St-Zip:	OCALA, FL 34470	
Title:	D	( ) Delete
Name:	LUSHER, NELL	
Address:	2139 NE 45TH AVENUE	
City-St-Zip:	OCALA, FL 34470	
Title:	D	( ) Delete
Name:	MCDOUGALL, BARBARA	
Address:	2141 NE 45TH AVENUE	
City-St-Zip:	OCALA, FL 34470	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	LUSHER, NELL	
Address:	2139 NE 45TH AVENUE	
City-St-Zip:	OCALA, FL 34470	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BUNCH, PETER	
Address:	2145 NE 45TH AVENUE	
City-St-Zip:	OCALA, FL 34470	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JO SIMMONS T 03/27/2009

Electronic Signature of Signing Officer or Director — Date