FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33899** **(8)**

1. Corporation Name

GAINESVILLE ROYAL GARDENS HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
P O BOX 7216 GAINESVILLE FL 32605	P O BOX 7216 GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/24/1989**
3a. Date of Last Report: **04/28/1994**
4. FEI Number: **59-2972920** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

KING, WILLIAM D
2622 NW 27TH PL
GAINESVILLE FL 32605

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	THOMISON, JAMES	12 NAME	Steinman, Jack	
STREET ADDRESS	2436 N.W. 28TH PLACE	13 STREET ADDRESS	2537 N. W. 28th Place	
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP	Gainesville, FL 32605	
TITLE	TD	21 TITLE	V/D	☐ Change ☒ Addition
NAME	STEINMAN, JACK	22 NAME	Lombardi, Debbie	
STREET ADDRESS	2537 N.W. 28TH PLACE	23 STREET ADDRESS	2632 N. W. 27th Place	
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP	Gainesville, FL 32605	
TITLE	D	31 TITLE	S/D	☒ Change ☐ Addition
NAME	LLOYD, MIKE	32 NAME	Lloyd, Mike	
STREET ADDRESS	2730 NW 27 TR.	33 STREET ADDRESS	2730 N. W. 27th Terrace	
CITY ST ZIP	GAINESVILLE FL	34 CITY ST ZIP	Gainesville, FL 32605	
TITLE	D	41 TITLE	T/D	☐ Change ☒ Addition
NAME	HORNE, LIZ	42 NAME	Williams, Naomi	
STREET ADDRESS	2521 NW 28 PL	43 STREET ADDRESS	2435 N. W. 29th Place	
CITY ST ZIP	GAINESVILLE FL	44 CITY ST ZIP	Gainesville, FL 32605	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Naomi Williams 4/28/95 904-395-7977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029878