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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33899**

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

2. Principal Place of Business
21 P.O. Box 357216
22 Suite, Apt. #, etc.
23 City & State: GAINESVILLE FL
24 Zip: 32635 25 Country: USA

2a. Mailing Address
26 P.O. Box 357216
27 Suite, Apt. #, etc.
28 City & State: GAINESVILLE FL
29 Zip: 32635 30 Country:

3. Date Incorporated or Qualified: 08/24/1989

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

9. Name and Address of Current Registered Agent

MILLER, ROBERT
2912 NW 25TH TERRANCE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name: MICHAEL GRANTHAM
82 Street Address (P.O. Box Number is Not Acceptable): 2427 NW 29 PLACE
83
84 City: GAINESVILLE 85 FL Zip Code: 32605

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 4/12/1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EMENHISER, TOM		1.2 NAME		
STREET ADDRESS	2810 NW 27TH TERRANCE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VICE PREFIDENT VP	☒ Change ☐ Addition
NAME	LOMBARDI, DEBBIE		2.2 NAME	TEIMER TED	
STREET ADDRESS	2632 N W 27TH PL		2.3 STREET ADDRESS	2715 NW 27 PLACE	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	TD	☒ DELETE	3.1 TITLE	TREASURER TD	☒ Change ☐ Addition
NAME	MILLER, ROBERT		3.2 NAME	MICHAEL GRANTHAM	
STREET ADDRESS	2912 NW 25TH TERRANCE		3.3 STREET ADDRESS	2427 NW 29 PLACE	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	PD	☐ DELETE	4.1 TITLE	PRESIDENT PD	☒ Change ☐ Addition
NAME	WILLIAMS, NAOMI		4.2 NAME	OTT, CHRIS	
STREET ADDRESS	2435 NW 29TH PLACE		4.3 STREET ADDRESS	2436 NW 28 PLACE	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/12/99 352-473-1405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] 5/10/99 352-473-1405

CR2E037 (11/98)