2001 UNIFORM BUSINESS REPORT (UBR)

Secretary of State **DOCUMENT # N33899** 1. Entity Name 05-03-2001 91012 020 ****61.25 GAINESVILLE ROYAL GARDENS HOMEOWNERS ASSOCIATION Principal Place of Business Mailing Address PO BOX 357216 PO BOX 357216 GAINESVILLE FL 32605 GAINESVILLE FL 32805 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2972920 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANTHAM, MICHAEL 2427 NW 29 PLACE-**GAINESVILLE FL 32605** City 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. SIGNATURE FILE NOW: 9. Election Campaign Financing \$5,00 May Bo Make Check Payable to Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. (10/00) Delete President TITLE TITLE EMENHISER, TOM NAME NAME NW 29th Place 2810 NW 27TH TERRANCE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL TITLE Daleta TEIMER, TED NAME NAME STREET ADDRESS STREET ADDRESS 2715 NW 27 PLACE CITY ST-ZIP FL 32605 CITY-ST-ZIP GAINESVILLE FL TITLE Delete ☐ Addition GRAN THAM, MICHAEL NAME NAME 2622 NW 27# Place STREET ADDRESS 2427 NW 29 PL STREET ADDRESS CITY-ST-7/P Gainesville, FL 32605 CITY-ST-ZIP GAINESVILLE FL IIII F Delete TITLE Treasurer OTT. MICHELLE NAME NAME 32 NW 29th Place STREET ADDRESS 2436 NW 28 PLACE STREET ADDRESS Gainesville, FL 32605 CITY-ST-ZIP CITY-ST-7IP **GAINESVILLE FL 32605** TITLE Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for it is exemption stated in Section 119.07(3)(i). 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 frustee ampowered to execute this report as: required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Jun 05, 2001 8:00 am

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