## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N33899

FILED May 08, 2005 Secretary of State

Entity Na	me: GAINESVILLE ROYAL GARDENS H	IOMEOWNERS ASSOCIATION, INC.
Current P	Principal Place of Business:	New Principal Place of Business:
PO BOX 3 GAINESVI	357216 ILLE, FL 32605	
Current Mailing Address:		New Mailing Address:
PO BOX 3 GAINESVI	357216 ILLE, FL 32635	
In accordan	r: 59-2972920 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation di d Address of Current Registered Agent:	•
GRIMES, KATHLEEN 2522 NW 27TH PL GAINESVILLE, FL 32605 US		GRIMES, ROBERT 2522 NW 27TH PL GAINESVILLE, FL 32605 US
The above in the State	e named entity submits this statement for the of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATUI	RE: ROBERT A GRIMES	05/08/2005
	Electronic Signature of Registered	Agent Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD () Delete GOLD, MARTIN 2710 NW 27TH PL GAINESVILLE, FL 32605	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VD () Delete GRIMES, ROBERT 2522 NW 27TH PL GAINESVILLE, FL 32605	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TD () Delete GRIMES, KATHLEEN 2522 NW 27TH PL GAINESVILLE, FL 32605	Title: TD (X) Change ( ) Addition Name: CLAYTOR, BURT Address: 2436 NW 27TH PL City-St-Zip: GAINESVILLE, FL 32605
Title: Name: Address: City-St-Zip:	SD () Delete TEIMER, DEBBIE 2715 NW 27TH PLACE GAINESVILLE, FL 32605	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the 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 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: ROBERT A GRIMES VD05/08/2005