

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N33899

1. Entity Name
**GAINESVILLE ROYAL GARDENS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**PO BOX 357216
GAINESVILLE, FL 32605**

Mailing Address
**PO BOX 357216
GAINESVILLE, FL 32635**



01112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2972920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRIMES, ROBERT
2522 NW 27TH PL
GAINESVILLE, FL 32605**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

110000399827
02/01/06-80030-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLD, MARTIN 2710 NW 27TH PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GRIMES, ROBERT 2522 NW 27TH PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CLAYTOR, BURT 2436 NW 27TH PL GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TEIMER, DEBBIE 2715 NW 27TH PLACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Burt Clayton* **BURT CLAYTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20 06 **352 284 4900**
Date Daytime Phone #