

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33899

FILED
Jan 22, 2007
Secretary of State

Entity Name: GAINESVILLE ROYAL GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 357216
GAINESVILLE, FL 32605

New Principal Place of Business:

2436 NW 27TH PLACE
GAINESVILLE, FL 32605

Current Mailing Address:

PO BOX 357216
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 59-2972920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOLD, MARTIN
Address: 2710 NW 27TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: VD () Delete
Name: GRIMES, ROBERT
Address: 2522 NW 27TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: CLAYTOR, BURT
Address: 2436 NW 27TH PL
City-St-Zip: GAINESVILLE, FL 32605

Title: SD () Delete
Name: TEIMER, DEBBIE
Address: 2715 NW 27TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: BURT CLAYTOR

MR.

01/22/2007

Electronic Signature of Signing Officer or Director

Date