2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90170 031 ****61.25

DOCUMENT # N33899

1. Entity Name

GAINESVILLE ROYAL GARDENS HOMEOWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
PO BOX 357216 GAINESVILLE FL 32605	PO BOX 357216 GAINESVILLE FL 32605

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 32635 / Country

4. FEI Number 59-2972920 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LADD, JANICE
2632 NW 29TH PLACE
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name KATHLEEN GRIMES
Street Address (P.O. Box Number is Not Acceptable) 2522 NW 27th PLACE
City GAINESVILLE FL Zip Code 32605

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] KATHLEEN GRIMES, TREASURER 3/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOCKHART, DIANE 2622 NW 27TH PLACE GAINESVILLE FL 32605	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTIN GOLD 2710 NW 27th PLACE GAINESVILLE, FL 32605	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEALEY, KARYN 2521 NW 28TH PLACE GAINESVILLE FL 32605	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Robert GRIMES 2522 NW 27th PLACE GAINESVILLE, FL 32605	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LADD, JANICE 2632 NW 29TH PLACE GAINESVILLE FL 32605	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KATHLEEN GRIMES 2522 NW 27th PLACE GAINESVILLE, FL 32605	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, NAOMI 2435 NW 29TH PLACE GAINESVILLE FL 32605	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LINDA COOK 2522 NW 27th PLACE GAINESVILLE, FL 32605	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 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: SIGNATURE REQUIRED 3/20/03 352-374-2200