

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754180

Entity Name: FONTAINEBLEAU ROYALE HOME OWNERS ASSOCIATION, INC.**FILED**
Mar 23, 2013
Secretary of State
CC7866745305**Current Principal Place of Business:**2133 N.E. 45TH AVENUE
OCALA, FL 34470**Current Mailing Address:**POST OFFICE BOX 25
SILVER SPRINGS, FL 34489**FEI Number: 59-3093687****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SIMMONS, MARY JO
2133 NE 45TH AVENUE
OCALA, FL 34470 US*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**Officer/Director Detail :**

Title	P
Name	BUNCH, PETER
Address	2145 NE 45TH AVENUE
City-State-Zip:	OCALA FL 34470

Title	VP
Name	LUSHER, MARILYN N
Address	2139 NE 45TH AVENUE
City-State-Zip:	OCALA FL 34470

Title	S
Name	SCOTT, ANASTACIA
Address	2223 NE 45TH AVENUE
City-State-Zip:	OCALA FL 34470

Title	T
Name	SIMMONS, MARY JO
Address	2133 NE 45TH AVENUE
City-State-Zip:	OCALA FL 34470

Title	D
Name	WILSON, JOHN
Address	2219 NE 45TH AVENUE
City-State-Zip:	OCALA FL 34470

Title	D
Name	MCDUGALL, MICHAEL
Address	2141 NE 45TH AVENUE
City-State-Zip:	OCALA FL 34470

I hereby 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 all other like empowered.

SIGNATURE: MARY JO SIMMONS**TREASURER****03/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date