

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

FILED
DIVISION OF CORPORATIONS
DATE

DOCUMENT # **742044 (1)**
1. Corporation Name
FOX RUN (PHASE I) MAINTENANCE ASSOCIATION, INC.

95 FEB -6 PM 12:15

Principal Place of Business Mailing Address
P. O. BOX 272 PALM CITY FL 34990 P. O. BOX 272 PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1978** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2560807** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**BARTELS, CATHY
1460 S.W. 25TH LANE
PALM CITY FL 34990**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY- ST- ZIP
PD **BARTELS, DANNY**
1460 S.W. 25TH LANE
PALM CITY FL
VD **CONVERTINI, JIM**
2438 SW 12TH TERR
PALM CITY FL
STD **UNGER, DEBBY**
2448 SW 12TH TERR
PALM CITY FL
D **KULLMAN, BRUCE**
1359 SW 25TH LANE
PALM CITY FL
D **WILBUR, JIM**
1410 SW 24TH LANE
PALM CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE Change Addition
3.2 NAME **STD**
CARDLYN HOOK
3.3 STREET ADDRESS **2462 S.W. 14th Terrace**
3.4 CITY- ST- ZIP **Palm City, FL 34990**
4.1 TITLE Change Addition
4.2 NAME **D**
LONG TAYLOR
4.3 STREET ADDRESS **2424 S.W. 13th Place**
4.4 CITY- ST- ZIP **Palm City, FL 34990**
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in block 12 or block 13 if checked, or in an attachment with an address.

SIGNATURE: *Danny Bartels* **Danny Bartels** 1/30/95 (407) 287-7435
DATE Daytime Phone #