

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified **02/21/1978** 3a. Date of Last Report **02/06/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2560807	Applied For			
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required			
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees			
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARTELS, CATHY
1460 S.W. 25TH LANE
PALM CITY FL 34990

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTELS, DANNY	12	NAME
STREET ADDRESS	1460 S.W. 25TH LANE	13	STREET ADDRESS
CITY-ST-ZIP	PALM CITY FL	14	CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	21	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONVERTINI, JIM	22	NAME
STREET ADDRESS	2438 SW 12TH TERR	23	STREET ADDRESS
CITY-ST-ZIP	PALM CITY FL	24	CITY-ST-ZIP
TITLE	STD <input type="checkbox"/> DELETE	31	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOKE, CAROLYN	32	NAME
STREET ADDRESS	2462 S W 14TH TERRACE	33	STREET ADDRESS
CITY-ST-ZIP	PALM CITY FL	34	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	41	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, DOUG	42	NAME
STREET ADDRESS	2424 SW 13TH PLACE	43	STREET ADDRESS
CITY-ST-ZIP	PALM CITY FL	44	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	51	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILBUR, JIM	52	NAME
STREET ADDRESS	1418 SW 24TH LANE	53	STREET ADDRESS
CITY-ST-ZIP	PALM CITY FL	54	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	61	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62	NAME
STREET ADDRESS		63	STREET ADDRESS
CITY-ST-ZIP		64	CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 (407) 287-7435
Date Daytime Phone #

CR2E037 (12/95)