


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742044 (1)**  
1. Corporation Name  
**FOX RUN (PHASE I) MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business <b>P. O. BOX 272 PALM CITY FL 34990</b>	Mailing Address <b>P. O. BOX 272 PALM CITY FL 34991-0272</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>02/21/1978</b>	3a. Date of Last Report <b>01/31/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2560807</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>29</b>	Country <b>30</b>	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			
<b>BARTELS, CATHY 1460 S.W. 25TH LANE PALM CITY FL 34990</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	85. Zip Code	

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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D. PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BARTELS, DANNY		1.2 NAME	TAYLOR, DOUGLAS			
STREET ADDRESS	1460 S.W. 25TH LANE		1.3 STREET ADDRESS	2424 SW. 13TH PLACE			
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP	PALM CITY, FL. 34990			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D. VICE-PRESIDENT.	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CONVERTINI, JIM		2.2 NAME	SPADAFORA, DINO			
STREET ADDRESS	2438 SW 12TH TERR		2.3 STREET ADDRESS	1400 SW. 25TH LANE			
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	PALM CITY, FL 34990			
TITLE	STD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D. SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HOOK, CAROLYN		3.2 NAME	MARGARET B. TYLINSKI			
STREET ADDRESS	2462 S W 14TH TERRACE		3.3 STREET ADDRESS	1340 SW. 25TH LANE			
CITY-ST-ZIP	PALM CITY FL		3.4 CITY-ST-ZIP	PALM CITY, FL 34990			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	D. DIRECTOR	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TAYLOR, DOUG		4.2 NAME	STUCKEY, J. MAC			
STREET ADDRESS	2424 SW 13TH PLACE		4.3 STREET ADDRESS	2458 S.W. 12TH TERRACE			
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP	PALM CITY, FL 34990			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	PAST PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILBUR, JIM		5.2 NAME	BARTELS, DANNY			
STREET ADDRESS	1418 SW 24TH LANE		5.3 STREET ADDRESS	1460 SW. 25TH LANE			
CITY-ST-ZIP	PALM CITY FL		5.4 CITY-ST-ZIP	PALM CITY, FL 34990			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 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 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]* 3-14-97

CR2E037 (9/96)