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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 P. O. BOX 272 PALM CITY FL 34990	Mailing Address P. O. BOX 272 PALM CITY FL 34990
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3. Date Incorporated or Qualified 02/21/1978	
4. FEI Number 59-2560807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 **PAT DALY**
 82 Street Address (P.O. Box Number is Not Acceptable)
1338 SW. 24th LANE
 83
 84 City **PALM CITY** **FL** 85 Zip Code **34990**

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 *Pat Daly, Pres.* (NOTE: Registered Agent signature required when reinstating) DATE *1/12/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, DENNIS 2424 S.W. 13TH PLACE PALM CITY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SPADAFORA, DINO 1400 SW 25TH LANE PALM CITY FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TYLINSKI, MARGARET B 1340 SW 25TH LANE PALM CITY FL <input type="checkbox"/> DELETE	3.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUCKEY, MAC J 2458 S.W. 12TH TERRACE PALM CITY FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTELS, DANNY 1460 SW 25TH LANE PALM CITY FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT DALY, PAT 1338' SW 24th LANE PALM CITY, FL 34990
2.1 TITLE VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT ROGER LEMASTER 2446 S.W. 13th TERR. PALM CITY, FL 34990
3.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECRETARY KEAANNE CRAIG 1357 SW 24th LANE PALM CITY, FL 34990
4.1 TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TREASURER MARGARET TYLINSKI 1340 SW 25th LANE PALM CITY, FL 34990
5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AT LARGE BOARD MIKE BARTFIELD 2459 SW 12th TERR. PALM CITY, FL 31990
6.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AT LARGE BOARD DAVID KELLOGG 1420 SW 25th LANE PALM CITY, FL 34990

14. 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 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: *Margaret B. Tylnski* *16/1/98* *541-220-9672*

CR2E037 (10/97)