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May 10, 1999 8:00 am
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05-10-1999 90156 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 742044

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 02/21/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2560807

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DALY, PAT
 1338 SW 24TH LN
 PALM CITY FL 33990~~

81 Name **MARTIN DARDIS**
 82 Street Address (P.O. Box Number is Not Acceptable)
2442 SW 14 TERRACE
 83 **PALM CITY**
 84 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Martin Dardis 5/6/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DALY, PAT	
STREET ADDRESS	1338 SW 24TH LN	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LEMASTER, ROGER	
STREET ADDRESS	2446 SW 13TH TERR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEANNE, CRAIG	
STREET ADDRESS	1357 SW 24TH LN	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TYLINSKI, MARGARET	
STREET ADDRESS	1340 SW 25TH LN	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTFIELD, MIKE	
STREET ADDRESS	2459 SW 12TH TERRACE	
CITY-ST-ZIP	PALM CITY FL 31990	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLOGG, DAVID	
STREET ADDRESS	1420 SW 25TH LANE	
CITY-ST-ZIP	PALM CITY FL 34990	

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARTIN DARDIS	
1.3 STREET ADDRESS	2442 SW 14 TERRACE	
1.4 CITY-ST-ZIP	PALM CITY FL 34990	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MIKE BARTFIELD	
2.3 STREET ADDRESS	2459 SW 12 TERRACE	
2.4 CITY-ST-ZIP	PALM CITY FL 34990	
3.1 TITLE	TREASURER SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Addition
3.2 NAME	JOAN LANZ	
3.3 STREET ADDRESS	2423 SW 14 TERRACE	
3.4 CITY-ST-ZIP	PALM CITY FL 34990	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DINO SPADAFORA	
4.3 STREET ADDRESS	1400 SW 25 LANE	
4.4 CITY-ST-ZIP	PALM CITY FL 34990	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN PLATT	
5.3 STREET ADDRESS	1877 SW 24 LANE	
5.4 CITY-ST-ZIP	PALM CITY FL 34990	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JUDY RUST	
6.3 STREET ADDRESS	1380 SW 25 LANE	
6.4 CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: *Martin Dardis* DATE: 5/6/99 DAYTIME PHONE #: 561-9340

CR2E037 (1/198)