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

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	MARTIN DARDIS	2442 SW 14 TERRACE	PALM CITY FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	MIKE BARTFIELD	2459 SW 12 TERRACE	PALM CITY FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	SECTION/DIRECTOR	JOAN LANZ	2423 SW 14 TERRACE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	DINO SPADAFORA	1400 SW 25 LANE	PALM CITY FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	JOHN PLATT	1877 SW 24 LANE	PALM CITY FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	JUDY RUST	1380 SW 25 LANE	PALM CITY FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)