

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90076 043 ****61.25

DOCUMENT # 742044

1. Entity 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 34991-0272

AU018258



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2560807

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DARDIS, MARTIN
 2442 SW 14 TERRACE
 PALM CITY FL 34990~~

Name **MIKE BARTFIELD**

Street Address (P.O. Box Number is Not Acceptable)

2459 SW 12 TER.

City **PALM CITY**

FL Zip Code **34990**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Mike Bartfield

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DARDIS, MARTIN	
STREET ADDRESS	2442 SW 14 TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BARTFIELD, MIKE	
STREET ADDRESS	2459 SW 12 TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LANZ, JOAN	
STREET ADDRESS	24232 SW 14 TERRACE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SPADAFORA, DINO	
STREET ADDRESS	1400 SW 25 LANE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" 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	PLATT, JOHN	
STREET ADDRESS	1277 SW 24 LANE	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	MIKE BARTFIELD	
STREET ADDRESS	2459 SW 12 TERRACE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	JOHN PLATT	
STREET ADDRESS	1277 SW 24 LANE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	DAVID NEUBCKER	
STREET ADDRESS	2449 SW 13 PLACE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	JOSEPH J. LANZ JR	
STREET ADDRESS	2423 SW 14TH TER.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	DINO SPADAFORA	
STREET ADDRESS	1400 SW 25 LANE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	HARPAL SANDHU	
STREET ADDRESS	1437 SW 24TH LANE	
CITY-ST-ZIP	PALM CITY, FL 34990	

12. 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 report or supplemental 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 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph J. Lanz Jr* **JOSEPH J. LANZ JR** 561-219-97.