2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am **DOCUMENT # 742044 Secretary of State** 1. Entity Name 03-08-2001 90012 032 ****61.25 FOX RUN (PHASE I) MAINTENANCE ASSOCIATION, INC. Principal Place of Business Mailing Address P. O. BOX 272 P. O. BOX 272 PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2560807 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BARTFIELD, MIKE 2459 SW 12 TERR PALM CITY FL 34990 Zip Code City 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. and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE TITLE ☐ Delete DARDIS, MARTIN NAME NAME 2459 JW 12 TELLACE **2442 SW 14 TERRACE** STREET ADDRESS STREET ADDRESS 34990 CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition BARTFIELD, MIKE NAME NAME **2459 SW 12 TERRACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM-CITY-FL-34990 GITY-ST-ZIP TITLE ☐ Delete TiTi F NEGRI, DAVID 2448 SW 1274 TER. LANZ, JOAN NAME NAME STREET ADDRESS 24232 SW 14 TERRACE STREET ADDRESS CITY, FL 34990 CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Addition TITLE Delete SPADAFORA, DINO JUSEAN NAME NAME 5W 14Th TER. STREET ADDRESS 1400 SW 25 LANE STREET ADDRESS 34990 CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 ____ Addition ☐ Delete TITLE TITLE BARTFIELD, MIKE NAME NAME 2465 SW 13 Th LA. PALM CITY, FL 2459 SW 12TH TERRACE STREET ADDRESS STREET ADDRESS 34990 CITY-ST-ZIP PALM CITY FL 31990 CITY-ST-7IP TITLE ☐ Delete TITLE PLATT, JOHN NAME NAME 1277 SW 24 LANE STREET ADDRESS STREET ADDRESS

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 execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE

PALM CITY FL 34990

EN J. LANZ JR 2/15/01 561-219-971/