


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90177 032 \*\*\*\*61.25

0096131

**DOCUMENT # 742044**  
1. Entity Name  
**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

**70014169**



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number **59-2560807** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**BARTFIELD, MIKE**  
**2459 SW 12 TERR**  
**PALM CITY FL 34990**

7. Name and Address of New Registered Agent  
Name **ADAM CARSWELL**  
Street Address (P.O. Box Number is Not Acceptable)  
**1437 SW 24TH LANE**  
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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE *Adam Carswell* DATE **1/20/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARFIELD, MIKE</b>	
STREET ADDRESS	<b>2459 SW 12 TERRACE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>PLATT, JOHN</b>	
STREET ADDRESS	<b>1277 SW 24 LANE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BRESLAUER, CRAIG</b>	
STREET ADDRESS	<b>2458 SW 12TH TERRACE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NEGRI, DAVID</b>	
STREET ADDRESS	<b>2448 SW 12TH TERRACE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILKHU, PYARA</b>	
STREET ADDRESS	<b>2465 SW 14TH LANE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HORNBERGER, JOE</b>	
STREET ADDRESS	<b>1377 SW 24TH LANE</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Adam Carswell (Lot #4)</b>	
STREET ADDRESS	<b>1437 SW 24th Lane</b>	
CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANICE White (Lot #8)</b>	
STREET ADDRESS	<b>1357 SW 24th Lane</b>	
CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joe Lanz (Lot #35)</b>	
STREET ADDRESS	<b>2423 SW 14th Terrace</b>	
CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mike Bartfield (Lot #16)</b>	
STREET ADDRESS	<b>2459 SW 12th Terrace</b>	
CITY-ST-ZIP	<b>Palm City, FL 34990</b>	

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joe Lanz Jr* DATE: **1/20/03** DAYTIME PHONE #: **772-219-9711**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)