

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90067 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---



DOCUMENT # 742500
1. Corporation Name
FOXWOOD COMMUNITY ASSOCIATION, INC.

Principal Place of Business P.O. BOX 950455 LAKE MARY FL 32795-0455	Mailing Address P.O. BOX 950455 LAKE MARY FL 32795-0455
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 04/19/1978	4. FEI Number 59-1914050 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---	--	--	---

9. Name and Address of Current Registered Agent ENERGY PROPERTY MANAGEMENT SERVICE INC 165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708	10. Name and Address of New Registered Agent 81 Name EPM Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 165 W SR 434 83 84 City Winter Springs FL 85 Zip Code 32708
---	---

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 *Anne H. Russell* Anne H. Russell President EPM Services Inc 3/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGEMIRE, ROXANNE	1.2 NAME	
STREET ADDRESS	2815 TAMARACK	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, RICK	2.2 NAME	Robert Holland
STREET ADDRESS	3208 BRIAR WAY	2.3 STREET ADDRESS	3012 Autumnwood Trail
CITY-ST-ZIP	APOPKA FL 32703	2.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ANNE	3.2 NAME	Ray Lugo
STREET ADDRESS	2955 AUTUMNWOOD TRAIL	3.3 STREET ADDRESS	3160 Hunter Place
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANKSON, PATTY	4.2 NAME	Carl Sorenson
STREET ADDRESS	2 ORANGWOOD CT	4.3 STREET ADDRESS	2803 Tamarack Trail
CITY-ST-ZIP	APOPKA FL 32703	4.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEPKING, GARY	5.2 NAME	
STREET ADDRESS	3159 FOXWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, MARLIN	6.2 NAME	
STREET ADDRESS	9 SPANISH OAK LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FD	6.4 CITY-ST-ZIP	

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 attachment with an address, with all other like empowered.

SIGNATURE: *Carl Sorenson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-2-99 Daytime Phone #: 402-327-5824

0016087

CR2E037 (1/98)

DOC 7 42500
215758-90067-94

Foxwood Community Association Inc.
Document 742500

Additional Directors

Matt Biegler
D.
15 Orangwood Court
Apopka, FL 32703

Scott Harris
S/D.
3162 Foxwood Drive
Apopka, FL 32703