

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # <b>754690</b> (6) 1. Corporation Name <b>FOXMOOR LAKES MASTER ASSOCIATION, INC.</b>																																																																																																																																																			
Principal Place of Business <b>C/O MYERS. BRETHOLTZ &amp; LILES, P.A.</b> <b>12671 WHITEHALL DR.</b> <b>FT. MYERS FL 33907</b> <b>US</b>		Mailing Address <b>C/O MYERS.B BRETHOLTZ &amp; LILES PA</b> <b>12671 WHITEHALL DR.</b> <b>FT. MYERS FL 33907-3626</b> <b>US</b>																																																																																																																																																	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country																																																																																																																																																	
3. Date Incorporated or Qualified <b>10/16/1980</b>		3a. Date of Last Report <b>04/11/1996</b>																																																																																																																																																	
4. FEI Number <b>59-2068748</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																																																	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																																	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																			
9. Name and Address of Current Registered Agent <b>RICHARD ALLEN MYERS &amp; CO., PA</b> <b>C/O STEVEN M. BRETHOLTZ</b> <b>12671 WHITEHALL DRIVE</b> <b>FT. MYERS FL 33907</b>		10. Name and Address of New Registered Agent 81 Name <b>LOUIE SHORES COMMUNITY ASSOC MGT</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3506 Palm Beach Blvd</b> 83 City <b>FT. MYERS</b> <b>FL</b> 85 Zip Code <b>33917</b>																																																																																																																																																	
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 <i>Richard L. LaPorta</i> <b>RICHARD L. LAPORTA</b> <b>4/30/97</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE																																																																																																																																																			
12. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">PD</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BROOKS, GERALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15512 CRYSTAL LAKES DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>NORTH FORT MYERS FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ESPOSITO, TONY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5633 FOXLAKE DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>N. FT. 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14. I do 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. SIGNATURE: <i>Richard L. LaPorta</i> <b>RICHARD L. LAPORTA</b> <b>4/30/97</b> <b>941 332-3113</b> Signature and typed or printed name of signing officer or director Date Daytime Phone # 0055468																																																																																																																																																			



CR2E037 (9/96)