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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754690 (6)

1. Corporation Name

FOXMOOR LAKES MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MYERS, BRETT HOLTZ & LILES, P.A.
12671 WHITEHALL DR.
FT. MYERS FL 33907
US

C/O MYERS, B. BRETT HOLTZ & LILES PA
12671 WHITEHALL DR.
FT. MYERS FL 33907
US

3. Date Incorporated or Qualified

10/16/1980

4. FEI Number

59-2068748

Applied For

Not Applicable

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GULF SHORES COMMUNITY ASSOC MGT

3526 PALM BEACH BLVD

N. FT. MYERS FL 33917

81 Name

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

83

84 City

FL

85

Zip Code

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 *Richard LaBasta*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD

BROOKS, GERALD

STREET ADDRESS 15512 CRYSTAL LAKES DRIVE

CITY-ST-ZIP NORTH FORT MYERS FL

TITLE ☒ DELETE

NAME VD

ESPOSITO, TONY

STREET ADDRESS 5633 FOXLAKE DRIVE

CITY-ST-ZIP N. FT. MYERS FL

TITLE ☒ DELETE

NAME D

ATESS, BOB

STREET ADDRESS 15462 CRYSTAL LAKE DR

CITY-ST-ZIP NORTH FORT MYERS FL

TITLE ☒ DELETE

NAME SD

IRELNAD, CHARLES

STREET ADDRESS 15477 CRYSTAL LAKE DRIVE

CITY-ST-ZIP N. FT. MYERS FL

TITLE ☐ DELETE

NAME T

BROWN, MARILYN

STREET ADDRESS 5550 LONGLEAF DR

CITY-ST-ZIP N. FT. MYERS FL

TITLE ☐ DELETE

NAME D

CLATFELTER, MARY

STREET ADDRESS 5609 FOX LAKE DR

CITY-ST-ZIP N. FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME V.D.

2.3 STREET ADDRESS James Feagley

2.4 CITY-ST-ZIP 15512 CRYSTAL LAKE DR

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME D

3.3 STREET ADDRESS Hugh Rawlins

3.4 CITY-ST-ZIP 5690 FOXLAKE DR NO.

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME D

4.3 STREET ADDRESS Kenneth Cortes

4.4 CITY-ST-ZIP 52 KIRKLAND BLVD

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 an attachment with an address.

SIGNATURE: *Richard LaBasta* (941) 992-8114

CR2E037 (10/97)