

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 760532 (2)
1. Corporation Name
FOXWOOD LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
4444 U.S. 98 N., #901 LAKELAND FL 33809 US
4444 U.S. 98 N., #901 LAKELAND FL 33809-0430 US

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/21/1981	03/18/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-2851144	Not Applicable
24 Country		30 Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANN, GORDON 4444 U.S. HWY 98 NORTH LAKELAND 33809				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 Gordon P. Mann, Vice-Pres + Director Gordon P. Mann 5/12/97
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	DS	<input type="checkbox"/> DELETE		1.1 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANN, GORDON			1.2 NAME	ALLEN, WAYNE		
STREET ADDRESS	4444 U.S. HWY. 98 NORTH			1.3 STREET ADDRESS	4444 U.S. Hwy 98 N.		
CITY-ST-ZIP	LAKELAND, FL 00000			1.4 CITY-ST-ZIP	LAKELAND, FL 33809		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAWES, ROBERT			2.2 NAME	MANN, GORDON		
STREET ADDRESS	4444 U.S. HWY. 98 NORTH			2.3 STREET ADDRESS	4444 U.S. Hwy 98 N.		
CITY-ST-ZIP	LAKELAND, FL 00000			2.4 CITY-ST-ZIP	LAKELAND, FL 33809		
TITLE	DT	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHAW, SANFORD			3.2 NAME	CAMP, RICHARD		
STREET ADDRESS	4444 U.S. HWY., 98 NORTH			3.3 STREET ADDRESS	4444 U.S. Hwy 98 N.		
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP	LAKELAND, FL 33809		
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN, WAYNE			4.2 NAME	STEELE, HAZEL KAY		
STREET ADDRESS	4444 US HWY NORTH			4.3 STREET ADDRESS	4444 U.S. Hwy 98 N.		
CITY-ST-ZIP	LAKELAND FL			4.4 CITY-ST-ZIP	LAKELAND, FL 33809		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GOODLIFF, BETTY			5.2 NAME	MANIAK, RUTH		
STREET ADDRESS	4444 U.S. HWY. 98, NORTH			5.3 STREET ADDRESS	4444 U.S. Hwy 98 N.		
CITY-ST-ZIP	LAKELAND FL			5.4 CITY-ST-ZIP	LAKELAND, FL 33809		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 Gordon P. Mann 5/12/97

CR2E037 (9/96)