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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760532** (2)
1. Corporation Name

FOXWOOD LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 4444 U.S. 98 N., #901 LAKELAND FL 33809 US	Mailing Address 4444 U.S. 98 N., #901 LAKELAND FL 33809 US
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3. Date Incorporated or Qualified 10/21/1981
4. FEI Number 59-2851144
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
MANN, GORDON 4444 U.S. HWY 98 NORTH LAKELAND 33809	

10. Name and Address of New Registered Agent	
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 Gordon Mann (NOTE: Registered Agent signature required when reinstating) DATE **2/4/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ALLEN, WAYNE	1.1 TITLE TD	1.2 NAME Kay Steele
STREET ADDRESS 4444 US HWY 98 N	CITY-ST-ZIP LAKELAND, FL 00000	1.3 STREET ADDRESS 4444 US HWY 98 N.	1.4 CITY-ST-ZIP Lakeland, FL
TITLE VD	NAME MANN, GORDON	2.1 TITLE D	2.2 NAME Harold Wilson
STREET ADDRESS 4444 US HWY 98 NORTH	CITY-ST-ZIP LAKELAND, FL 00000	2.3 STREET ADDRESS 4444 US HWY 98 N.	2.4 CITY-ST-ZIP Lakeland, FL
TITLE SD	NAME CAMP, RICHARD	3.1 TITLE D	3.2 NAME Jacque McNeight
STREET ADDRESS 4444 U.S. HWY., 98 NORTH	CITY-ST-ZIP LAKELAND FL	3.3 STREET ADDRESS 4444 US HWY 98 N.	3.4 CITY-ST-ZIP Lakeland, FL
TITLE VD	NAME ALLEN, WAYNE	4.1 TITLE D.	4.2 NAME John Craig
STREET ADDRESS 4444 US HWY NORTH	CITY-ST-ZIP LAKELAND FL	4.3 STREET ADDRESS 4444 US HWY 98 N.	4.4 CITY-ST-ZIP Lakeland, FL
TITLE D	NAME MANIAK, RUTH	5.1 TITLE D	5.2 NAME Bill Parker
STREET ADDRESS 4444 U.S. HWY. 98, NORTH	CITY-ST-ZIP LAKELAND FL	5.3 STREET ADDRESS 4444 US HWY 98 N.	5.4 CITY-ST-ZIP Lakeland, FL
TITLE D	NAME Harry Riddell	6.1 TITLE	6.2 NAME
STREET ADDRESS 4444 US HWY 98 N.	CITY-ST-ZIP Lakeland, FL	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: Gordon P. Mann, Vice-Pres. 2/4/98 (94) 858-9189

CR2E037 (10/97)