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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 760532

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
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/21/1981

22 City & State

27 City & State

4. FEI Number
 59-2851144

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 **AVERILL, LEROY**
 82 Street Address (P.O. Box Number is Not Acceptable)
 4444 U.S. 98 N
 83
 84 City **LAKELAND** FL 85 Zip Code **33809**

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

(NOTE: Registered Agent signature required when restating)

1/5/99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, WAYNE	
STREET ADDRESS	4444 US HWY 98 N	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MANN, GORDON	
STREET ADDRESS	4444 US HWY 98 NORTH	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAMP, RICHARD	
STREET ADDRESS	4444 U.S. HWY., 98 NORTH	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEEL, KAY	
STREET ADDRESS	4444 US HWY NORTH	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANIAK, RUTH	
STREET ADDRESS	4444 U.S. HWY. 98, NORTH	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, HAROLD	
STREET ADDRESS	4444 US HWY 98 N	
CITY-ST-ZIP	LAKELAND FL	

1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AVERILL, LEROY	
1.3 STREET ADDRESS	4444 US 98N,	
1.4 CITY-ST-ZIP	LAKELAND, FL 33809	
2.1 TITLE	V PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANFORD SHAW, SANFORD	
2.3 STREET ADDRESS	4444 U.S. 98N	
2.4 CITY-ST-ZIP	LAKELAND, FL 33809	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CHAPIN, WENDELL	
6.3 STREET ADDRESS	4444 U.S. 98N, #781	
6.4 CITY-ST-ZIP	LAKELAND, FL 33809	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Kay Steel* **SIGNATURE REQUIRED** *KAY STEEL, TREAS.* 1/5/99 (941) 959-6615
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)