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Mar 12 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 # 763919 (8)

1. Corporation Name
FOX VALLEY HOMEOWNERS ASSOC., INC.

Principal Place of Business C/O CHRIS CHRISTIANSEN 14 FOX VALLEY DRIVE ORANGE PARK FL 32073 US	Mailing Address C/O CHRIS CHRISTIANSEN 14 FOX VALLEY DRIVE ORANGE PARK FL 32073 US
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3. Date Incorporated or Qualified
06/25/1982

4. FEI Number
59-2489880

Applied For
☐ Not Applicable

2. Principal Place of Business 21 c/o Gary Rosenhouse Suite, Apt. #, etc. 22 63 Fox Valley Dr. City & State 23 Orange Park FL Zip Country 24 32073 25 Clay	2a. Mailing Address 26 c/o Gary Rosenhouse Suite, Apt. #, etc. 27 63 Fox Valley Dr. City & State 28 Orange Park FL Zip Country 29 32073 30 Clay
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**WILHITE, MARVIN E
1712 KINGSLEY AVENUE
ORANGE PARK FL 32073**

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 *Gary Rosenhouse* *Gary Rosenhouse* DATE **3/7/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIEDEL, PAT	
STREET ADDRESS	15 FOX VALLEY DRIVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DERBONNE, MARGE	
STREET ADDRESS	38 FOX VALLEY DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	SUGGS, SHIRLEY	
STREET ADDRESS	22 FOX VALLEY DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSENHOUSE, DARY	
STREET ADDRESS	63 FOX VALLEY DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTIANSEN, CHRIS	
STREET ADDRESS	14 FOX VALLEY DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUDDATH, GEORGE	
STREET ADDRESS	7 FOX VALLEY DR	
CITY-ST-ZIP	ORANGE PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rosenhouse, Gary	
1.3 STREET ADDRESS	63 Fox Valley Dr.	
1.4 CITY-ST-ZIP	Orange Park FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stetter, Carol	
2.3 STREET ADDRESS	68 Fox Valley Dr.	
2.4 CITY-ST-ZIP	Orange Park FL	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ben Burnette	
4.3 STREET ADDRESS	94 Fox Valley Dr.	
4.4 CITY-ST-ZIP	Orange Park FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ray Hinerva	
5.3 STREET ADDRESS	11 Fox Valley Dr.	
5.4 CITY-ST-ZIP	Orange Park FL	
6.1 TITLE	Mayberry, Jane	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	62 Fox Valley Dr.	
6.4 CITY-ST-ZIP	Orange Park FL	

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 *Gary Rosenhouse* *Gary Rosenhouse* **3/7/98** **10001010-5100**

CR2E037 (10/97)