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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02653** (6)

1. Corporation Name

**FOXBOROUGH TOWNHOUSE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**10179 VIXEN PLACE  
P. O. BOX 15067  
PENSACOLA FL 32514**

**10179 VIXEN PLACE  
P. O. BOX 15067  
PENSACOLA FL 32514-0067**



3. Date Incorporated or Qualified **04/19/1984** 3a. Date of Last Report **02/21/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2460587</b>		Applied For	
<b>21</b>		<b>26</b>				<input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>23</b>		<b>28</b>					
Zip	Country	Zip	Country				
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DESTWOLINSKA, ADELBERT  
10179 VIXEN PLACE  
PENSACOLA FL 32514**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAZEE, JOHN</b>	1.2 NAME	
STREET ADDRESS	<b>7018 GARDSTONE DR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVOBODA, PAULA</b>	2.2 NAME	
STREET ADDRESS	<b>1316 FOXBOROUGH DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE STWOLINSKA, ADELBERT</b>	3.2 NAME	
STREET ADDRESS	<b>10179 VIXEN PLACE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KROTHAPALLI, RANGA R</b>	4.2 NAME	
STREET ADDRESS	<b>9709 STILLBROOK ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PENSACOLA FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Snow, Aries</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>10114 Vixen Place</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>Pensacola FL 32514</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>DV</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Ganey, Cathy</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1315 Foxborough Dr.</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>Pensacola FL 32514</b>

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: **SIGNATURE REQUIRED** *Adelbert Stwolinska* 3-7-97 (904) 478-9576  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073063

CR2E037 (9/96)