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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90143 027 \*\*\*\*61.25

DOCUMENT # N02653

1. Corporation Name

FOXBOROUGH TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

3 6 1 5 8 8  
361508 - 90143 - 27



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/19/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2460587

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 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

DESTWOLUNSKA, ADELBERT  
10179 VIXEN PLACE  
PENSACOLA FL 32514

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

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 D  
NAME WEAVER, MARGARET  
STREET ADDRESS 1317 FOXBOROUGH DR.  
CITY-ST-ZIP PENSACOLA FL 32514

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P  
NAME SVOBODA, PAULA  
STREET ADDRESS 1316 FOXBOROUGH DR  
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  
NAME DE STWOLUNSKA, ADELBERT  
STREET ADDRESS 10179 VIXEN PLACE  
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DV  
NAME GANEY, CATHY  
STREET ADDRESS 1315 FOXBOROUGH DR.  
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME WEAVER, MARGARET  
STREET ADDRESS 1317 FOXBOROUGH DR.  
CITY-ST-ZIP PENSACOLA FL 32514

5.1 TITLE D  
5.2 NAME HELMS, DAN  
5.3 STREET ADDRESS 10195 VIXEN PLACE  
5.4 CITY-ST-ZIP PENSACOLA, FL 32514

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)