

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N02653**

1. Entity Name

FOXBOROUGH TOWNHOUSE ASSOCIATION, INC.**FILED****Mar 22, 2002 8:00 am**
Secretary of State

03-22-2002 90068 010 ****61.25

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**

933241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2460587

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, MARGARET	
STREET ADDRESS	1317 FOXBOROUGH DR.	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	P	<input type="checkbox"/> Delete
NAME	SVOBODA, PAULA	
STREET ADDRESS	1316 FOXBOROUGH DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DE STWOLINSKA, ADELBERT	
STREET ADDRESS	10179 VIXEN PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	JASMYN, JUDY	
STREET ADDRESS	10189 VIXEN PLACE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruttan, Al	
STREET ADDRESS	1322 Foxborough Dr.	
CITY-ST-ZIP	Pensacola, Fl 32514	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schuster, Clair	
STREET ADDRESS	1320 Foxborough Dr.	
CITY-ST-ZIP	Pensacola, Fl 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE OF REGISTERED AGENT: ADELBERT DESTWOLINSKA 3-6-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)