FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N20646** **(8)**

1. Corporation Name
FOXWOOD FARMS RESIDENTS, INC.

Principal Place of Business	Mailing Address
1950 NW 47TH TERR. OCALA FL 34482 US	1950 NW 47TH TERR. OCALA FL 34482 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/14/1987**
3a. Date of Last Report: **04/20/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

PEEK, LEVIN
1950 NW 47TH TERR.
OCALA FL 34482

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~SD~~	☒ TITLE	D ☒ Change ☐ Addition
NAME	WHITE, DIANE E	1.2 NAME	
STREET ADDRESS	1940 NW 47TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BURGUNDER, LOUIS	2.2 NAME	
STREET ADDRESS	4854 N. W 20TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	SD ☒ Change ☒ Addition
NAME	STINE, MARGARET	3.2 NAME	MIDDAUGH, KEN
STREET ADDRESS	4500 NW BLITCHTON RD LOT 227	3.3 STREET ADDRESS	4500 NW BLITCHTON RD LOT 232
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	OCALA FL 34482
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	PEEK, LEVIN	4.2 NAME	
STREET ADDRESS	1950 NW 47TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	VANDERHYDE, EDITH	5.2 NAME	
STREET ADDRESS	4500 NW BLITCHTON RD LOT 56	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	VD ☒ Change ☐ Addition
NAME	TAYLOR, BUD	6.2 NAME	NIGLSEN JOHN
STREET ADDRESS	4500 NW BLITCHTON RD LOT 5	6.3 STREET ADDRESS	4500 NW BLITCHTON RD LOT 93
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	OCALA FL 34482

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Levin J. Peek LEVIN J. PEEK 4/19/95 904-732-5579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #