

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N20646** (8)

1. Corporation Name

FOXWOOD FARMS RESIDENTS, INC.

Principal Place of Business

**1950 NW 47TH TERR.
OCALA FL 34482
US**

Mailing Address

**1950 NW 47TH TERR.
OCALA FL 34482
US**



3. Date Incorporated or Qualified
05/14/1987

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Levin J. PEEK

LEVIN J. PEEK

8/26/96

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** ☒ DELETE
NAME **WHITE, DIANE E**
STREET ADDRESS **1940 NW 47TH TERR**
CITY - ST - ZIP **OCALA FL**

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **PEEK, HELEN**
1.3 STREET ADDRESS **1950 NW 47TH TERR**
1.4 CITY - ST - ZIP **OCALA FL 34482**

TITLE **PD** ☐ DELETE
NAME **BURGUNDER, LOUIS**
STREET ADDRESS **4854 N. W 20TH ST**
CITY - ST - ZIP **OCALA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP **34482**

TITLE **SD** ☐ DELETE
NAME **MIDDAUGH, KEN**
STREET ADDRESS **4500 N.W. BLITCHTON RD. LOT 232**
CITY - ST - ZIP **OCALA FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **34482**

TITLE **TD** ☐ DELETE
NAME **PEEK, LEVIN**
STREET ADDRESS **1950 NW 47TH TERR**
CITY - ST - ZIP **OCALA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP **34482**

TITLE **D** ☒ DELETE
NAME **VANDERHYDE, EDITH**
STREET ADDRESS **4500 NW BLITCHTON RD LOT 56**
CITY - ST - ZIP **OCALA FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **MARY CAMPEN**
5.3 STREET ADDRESS **4500 NW BLITCHTON RD LOT 113**
5.4 CITY - ST - ZIP **OCALA FL 34482**

TITLE **VD** ☐ DELETE
NAME **NIELSEN, JOHN**
STREET ADDRESS **4500 N.W. BLITCHTON RD LOT 93**
CITY - ST - ZIP **OCALA FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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

3/8/96

352-732-5579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)