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FILED

Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

1950 NW 47TH TERR.
OCALA FL 34482
US1950 NW 47TH TERR.
OCALA FL 34482-8574
US3. Date Incorporated or Qualified
05/14/19873a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 4500 N.W. BLITCHTON

26 4500 N.W. BLITCHTON

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

City & State

City & State

23 Ocala FL

28 Ocala FL

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34482 FL 25 HARRISON

29 34482 FL 30 HARRISON

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

ALICE J. SWEIGART

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

4500 N.W. BLITCHTON Rd #125

83

84 City

Ocala

FL

85 Zip Code

34482

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

Alice J. Sweigart, President

3 Mar 1997

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 ☐ DELETE1.1 TITLE ☐ Change ☐ AdditionNAME PEEK, HELEN
STREET ADDRESS 1950 NW 47TH TERRACE
CITY-ST-ZIP Ocala FL1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE ☒ DELETE2.1 TITLE ☒ Change ☐ AdditionNAME BURGUNDER, LOUIS
STREET ADDRESS 4854 N. W 20TH ST
CITY-ST-ZIP Ocala FL2.2 NAME PD. GEORGE SHAFFER
2.3 STREET ADDRESS 4500 NW BLITCHTON Rd Lot 36
2.4 CITY-ST-ZIP Ocala, FL 34482TITLE ☒ DELETE3.1 TITLE ☒ Change ☐ AdditionNAME MIDAUGH, KEN
STREET ADDRESS 4500 N.W. BLITCHTON RD. LOT 232
CITY-ST-ZIP Ocala FL3.2 NAME D. DIANE WHITE
3.3 STREET ADDRESS 1940 NW 47 Terrace
3.4 CITY-ST-ZIP Ocala, FL 34482TITLE ☒ DELETE4.1 TITLE ☒ Change ☐ AdditionNAME PEEK, LEVIN
STREET ADDRESS 1950 NW 47TH TERR
CITY-ST-ZIP Ocala FL4.2 NAME ALICE SWEIGART
4.3 STREET ADDRESS 4500 N.W. BLITCHTON Rd #125
4.4 CITY-ST-ZIP Ocala, FL 34482TITLE ☐ DELETE5.1 TITLE ☐ Change ☐ AdditionNAME CAMPEN, MARY
STREET ADDRESS 4500 NW BLITCHTON ROAD LOT 113
CITY-ST-ZIP Ocala FL5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☒ DELETE6.1 TITLE ☒ Change ☐ AdditionNAME NIELSEN, JOHN
STREET ADDRESS 4500 N.W. BLITCHTON RD LOT 93
CITY-ST-ZIP Ocala FL6.2 NAME V.D. MATT DRUMMOND
6.3 STREET ADDRESS 1927 N.W. 45th TERRACE
6.4 CITY-ST-ZIP Ocala, FL 34482

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: Alice J. Sweigart, President Mar 3-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0066115

CR2E037 (9/96)