FILE NOW: FILING FEE IS $61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90138 005 ****70.00

0066698

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N20646**

1. Corporation Name
FOXWOOD FARMS RESIDENTS, INC.

Principal Place of Business	Mailing Address
4500 NW BLITCHTON LOT #125 OCALA FL 34482 US	4500 W BLITCHTON LOT #125 OCALA FL 34482 US

2. Principal Place of Business 21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

3. Date Incorporated or Qualifed
05/14/1987

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

9. Name and Address of Current Registered Agent

SWEIGART, ALICE J
4500 NW BLITCHTON RD LOT #125
OCALA FL 34482

10. Name and Address of New Registered Agent

81 Name: DIANE E WHITE
82 Street Address (P.O. Box Number is Not Acceptable): 1940 N.W. 47 Terr.
83
84 City: Ocala, FL 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: Diane E. White 4/27/99
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	SD	☒ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	PEEK, HELEN		1.2 NAME	PAT LAMPING	
STREET ADDRESS	1950 NW 47TH TERRACE		1.3 STREET ADDRESS	4500 N.W. BLITCHTON Rd LOT 216	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCALA FL 34482	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHAFFER, GEORGE		2.2 NAME		
STREET ADDRESS	4500 NW BLITCHTON RD LOT 36		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	WHITE, DIANE		3.2 NAME	DIANE WHITE	
STREET ADDRESS	1940 NW 47 TERR		3.3 STREET ADDRESS	1940 N.W. 47 TERR	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	OCALA, FL 34482	
TITLE	TD	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	SWEIGART, ALICE		4.2 NAME	RALPH SABIN	
STREET ADDRESS	4400 NW BLITCHTON RD #125		4.3 STREET ADDRESS	4500 N.W. BLITCHTON Rd LOT 207	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	CAMPEN, MARY		5.2 NAME	ROBERT HOUSE	
STREET ADDRESS	4500 NW BLITCHTON ROAD LOT 113		5.3 STREET ADDRESS	4760 N.W. 20th St	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	OCALA FL 34482	
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DRUMMOND, MATT		6.2 NAME		
STREET ADDRESS	1927 NW 45TH TERR		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		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: Diane E. White SIGN REQUIRED 4/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)