FILE NOW: FILING FEE IS $61.25

FILED
Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N29209 (6)

1. Corporation Name
FOX RUN HOMEOWNERS' ASSOCIATION OF TAVARES, INC.

Principal Place of Business	Mailing Address
P O BOX 555 TAVARES FL 32778	P O BOX 555 TAVARES FL 32778

3. Date Incorporated or Qualified: 11/09/1988

4. FEI Number: 59-2678093 ☐ 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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	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

GERKEN, SCOTT A ESQ.
4850 N. HWY. 19A
MT. DORA FL 32757

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 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 _____ 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	VPD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	LEBOUTILLIER, STEVEN		1.2 NAME	LAGRANGE, JUNE	
STREET ADDRESS	3318 WEKIVA RD		1.3 STREET ADDRESS	3108 MANATEE ROAD	
CITY-ST-ZIP	TAVARES FL		1.4 CITY-ST-ZIP	TAVARES FL	
TITLE	PD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	DECAUSEMAKER, GEORGE		2.2 NAME	HATCH, GEORGIA	
STREET ADDRESS	3224 MANATEE RD		2.3 STREET ADDRESS	3022 RAINBOW ROAD	
CITY-ST-ZIP	TAVARES FL		2.4 CITY-ST-ZIP	TAVARES FL	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	SEGRELL, ANN		3.2 NAME	HAYSLETT, LOIS J.	
STREET ADDRESS	434 ST. JOHNS		3.3 STREET ADDRESS	501 SANTA FE ROAD	
CITY-ST-ZIP	TAVARES FL		3.4 CITY-ST-ZIP	TAVARES FL	
TITLE	ASD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CURCIO, KAREN		4.2 NAME		
STREET ADDRESS	3320 RAINBOW		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAVARES FL		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	RICHARDSON, JOHN S.		5.2 NAME	MILLER, BARBARA	
STREET ADDRESS	3514 MANATEE RD		5.3 STREET ADDRESS	3025 MANATEE ROAD	
CITY-ST-ZIP	TAVARES FL		5.4 CITY-ST-ZIP	TAVARES FL	
TITLE	ATD	☒ DELETE	6.1 TITLE	ATD	☐ Change ☒ Addition
NAME	MCQUISITION, PAUL		6.2 NAME	OLSEN, WINIFRED	
STREET ADDRESS	3418 MANATEE RD.		6.3 STREET ADDRESS	513 FOX RUN BLVD	
CITY-ST-ZIP	TAVARES FL		6.4 CITY-ST-ZIP	TAVARES FL	

CR2E037 (10/97)

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.

SIGNATURE: Lois K. Haysslett 11 February 1998 (352)343-8258