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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N29209

1. Corporation Name

FOX RUN HOMEOWNERS' ASSOCIATION OF TAVARES, INC.

Principal Place of Business

P O BOX 555
TAVARES FL 32778

Mailing Address

P O BOX 555
TAVARES FL 32778



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LAGRANGE, JUNE
STREET ADDRESS 3108 MANATEE ROAD
CITY-ST-ZIP TAVARES FL

☐ DELETE

TITLE VPD
NAME HATCH, GEORGIA
STREET ADDRESS 3022 RAINBOW ROAD
CITY-ST-ZIP TAVARES FL

☒ DELETE

TITLE SD
NAME HAYSLETT, LOIS J.
STREET ADDRESS 501 SANTA FE ROAD
CITY-ST-ZIP TAVARES FL

☒ DELETE

TITLE ASD
NAME CURCIO, KAREN
STREET ADDRESS 3320 RAINBOW
CITY-ST-ZIP TAVARES FL

☒ DELETE

TITLE TD
NAME MILLER, BARBARA
STREET ADDRESS 3025 MANATEE ROAD
CITY-ST-ZIP TAVARES FL

☒ DELETE

TITLE ATD
NAME OLSEN, WINIFRED
STREET ADDRESS 513 FOX RUN BLVD
CITY-ST-ZIP TAVARES FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Winfred Olsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-99 352-742-9169
Date Daytime Phone #

CR2E037 (11/98)

0014954