2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90337 038 ****70.00

DOCUMENT # N29209

1. Entity 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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2678093 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARNER, GORDON C
445 ST JOHNS RD
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name: COWAN, HOWARD
Street Address (P.O. Box Number is Not Acceptable): 469 SANTA FE RD.
City: TAVARES FL Zip Code: 32778

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Howard Cowan PRESIDENT 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARNER, GORDAN C 445 ST JOHN RD TAVARES FL 32778	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COWAN, HOWARD 469 SANTA FE RD. TAVARES FL 32778	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ALDRICH, BETTY 3327 MANATEE RD TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ALDRICH, BETTY 3327 MANATEE RD TAVARES FL 32778	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAMSLETT, LOIS 501 SANTA FE RD TAVARES FL 32778	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUCHANAN, CHARLOTTE 2828 MANATEE RD TAVARES FL 32778	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD LODEWYCK, APRIL 2855 MYAKKA RIVER RD TAVARES FL 32778	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD HAYSLETT, LOIS 501 SANTA FE RD TAVARES FL 32778	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACKSON, JACK 432 KING WAY TAVARES FL 32778	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRESHWATER, CHRISTINE 3314 MANATEE RD TAVARES FL 32778	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD CLEAVER, JIM 3012 WEKIVA RD TAVARES FL 32778	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD GUTBERLET, ROBERT 435 PEACE RD TAVARES FL 32778	■ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard Cowan SIGNATURE REQUIRED HOWARD COWAN 4-29-03 352-343-8405