

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2:36

DOCUMENT # **N41468** (2)

1. Corporation Name
FOXWOOD VILLAGE ASSOCIATION, INC.

Principal Place of Business Mailing Address
20 NORTH ORANGE AVENUE **20 NORTH ORANGE AVENUE**
FIRST UNION TOWER #700 **STE 700**
ORLANDO FL 32801 **ORLANDO FL 32801**
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/10/1990** 3a. Date of Last Report **04/07/1994**
4. FEI Number **59-3047294** Applied For
Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired	<input type="checkbox"/>	\$0.75 Additional Fee Required
21	26	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
22	27	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State			
23	28			
Zip	Country			
24	25			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLING, LEE JAY
STE 700
SUITE 1107, FIRST UNION BUILDING
ORLANDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFEY, NORMAN	1.2 NAME	Duffey, Norman
STREET ADDRESS	4444 US 98 N., #238	1.3 STREET ADDRESS	4444 US 98N #238
CITY - ST - ZIP	LAKELAND FL	1.4 CITY - ST - ZIP	Lakeland, Fla, 33809
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, FRANK	2.2 NAME	
STREET ADDRESS	4444 US 98 N., #313	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYAN, EVE	3.2 NAME	
STREET ADDRESS	4444 US 98N, #313	3.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, BOB	4.2 NAME	
STREET ADDRESS	4444 US 98N, #230	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	4.4 CITY - ST - ZIP	
TITLE	DP	5.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWD, EDNA	5.2 NAME	Howd, Edna
STREET ADDRESS	4444 US 98N, #158	5.3 STREET ADDRESS	4444 US 98N, #158
CITY - ST - ZIP	LAKELAND FL	5.4 CITY - ST - ZIP	Lakeland, Fla, 33809
TITLE	DV	6.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMP, BOB	6.2 NAME	Coco, Nelson
STREET ADDRESS	4444 US 98 N #227	6.3 STREET ADDRESS	4444 US 98N #81
CITY - ST - ZIP	LAKELAND FL	6.4 CITY - ST - ZIP	Lakeland, Fla, 33809

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman Duffey
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR

March 30, 95 (813)
595-3813
Date Filing Fee \$