

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N41468 (2)

1. Corporation Name

FOXWOOD VILLAGE ASSOCIATION, INC.



Principal Place of Business

20 NORTH ORANGE AVENUE  
FIRST UNION TOWER #700  
ORLANDO FL 32801

Mailing Address

20 NORTH ORANGE AVENUE  
STE 700  
ORLANDO FL 32801  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
12/10/1990

3a. Date of Last Report  
04/05/1995

4. FEI Number  
59-3047294

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 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 officer and date

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

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME DUFFEY, NORMAN  
STREET ADDRESS 4444 US 98 N., #238  
CITY - ST - ZIP LAKELAND FL

TITLE DT ☐ DELETE

NAME BRYAN, FRANK  
STREET ADDRESS 4444 US 98 N., #313  
CITY - ST - ZIP LAKELAND FL

TITLE D ☒ DELETE

NAME BRYAN, EVE  
STREET ADDRESS 4444 US 98N, #313  
CITY - ST - ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME DICKINSON, BOB  
STREET ADDRESS 4444 US 98N, #230  
CITY - ST - ZIP LAKELAND FL

TITLE DV ☐ DELETE

NAME HOWD, EDNA  
STREET ADDRESS 4444 US 98N, #158  
CITY - ST - ZIP LAKELAND FL

TITLE DS ☒ DELETE

NAME COCO, NELSON  
STREET ADDRESS 4444 US 98N #81  
CITY - ST - ZIP LAKELAND FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☒ Change ☒ Addition  
1.2 NAME Norman Wanger  
1.3 STREET ADDRESS 4444 U.S. Hwy 98N, #98  
1.4 CITY - ST - ZIP Lakeland, Fla, 33809

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME Robert Mazza  
2.3 STREET ADDRESS 4444 U. S. Hwy 98N #32  
2.4 CITY - ST - ZIP Lakeland, Fla, 33809

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Doris Mann  
3.3 STREET ADDRESS 4444 U. S. Hwy 98 N, #293  
3.4 CITY - ST - ZIP Lakeland, Fla, 33809

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE DP ☒ Change ☐ Addition  
5.2 NAME Edna Howd  
5.3 STREET ADDRESS 4444 U.S. Hwy 98N, #158  
5.4 CITY - ST - ZIP Lakeland, Fla, 33809

6.1 TITLE DS ☒ Change ☐ Addition  
6.2 NAME Carl Francisco  
6.3 STREET ADDRESS 4444 U. S. Hwy 98 N, #194  
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)(a), 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:

Edna M. Howd, Pres. Max 12, 1996 941-859-6414  
Edna M. Howd  
Signature and typed or printed name of signing officer or director  
Daytime Phone

CR2E037 (12/95)