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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32801-4804 US	3. Date Incorporated or Qualified 12/10/1990	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21 500 N. MAITLAND AVE Suite, Apt. #, etc. 22 SUITE 203 City & State 23 MAITLAND FL Zip 24 32751	2a. Mailing Address 26 500 N. MAITLAND AVE Suite, Apt. #, etc. 27 SUITE 203 City & State 28 MAITLAND FL Zip 29 32751	Country 25 ORANGE	Country 30 ORANGE	4. FEI Number 59-3047294 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent COLLING, LEE JAY STE 700 SUITE 1107, FIRST UNION BUILDING ORLANDO FL 32801	10. Name and Address of New Registered Agent 81 Name Lee Jay Colling 82 Street Address (P.O. Box Number is Not Acceptable) 500 North Maitland Avenue Suite 203 83 City Maitland FL 85 Zip Code 32751
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WANGEN, NORMAN 4444 US 98 N., #238 LAKELAND FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP Lamp, Robert W. 4444 US 98 N. #227 Lakeland, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRYAN, FRANK 4444 US 98 N., #313 LAKELAND FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	BV Strock, Millie 4444 US 98 N., #157 Lakeland, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANN, DORIS 4444 US HWY 98 283 LAKELAND FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DT Thomas, Charles W. 4444 US 98 N., #233 Lakeland, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKINSON, BOB 4444 US 98N, #230 LAKELAND FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DS Hadley, Bobbie 4444 US 98 N., #156 Lakeland, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOWD, EDNA 4444 US 98N, #158 LAKELAND FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Custer, Robert 4444 US 98 N., #162 Lakeland, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCISCO, CARL 4444 US HWY 98 N 194 LAKELAND FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Coco, Nelson 4444 US 98 N., #81 Lakeland, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: *Robert W. Lamp* *Robert W. Strock* Date **03/20/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0018019

CR2E037 (9/96)