


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N41468 (2)</b>					
1. Corporation Name <b>FOXWOOD VILLAGE ASSOCIATION, INC.</b>					
Principal Place of Business <b>500 N MAITLAND AVE SUITE 203 MAITLAND FL 32751 US</b>			Mailing Address <b>500 N MAITLAND AVE SUITE 203 MAITLAND FL 32751 US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>12/10/1990</b>	
				4. FEI Number <b>59-3047294</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>COLLING, LEE JAY 500 NORTH MAITLAND AVE SUITE 203 MAITLAND FL 32751</b>			10. Name and Address of New Registered Agent		
			B1 Name		
			B2 Street Address (P.O. Box Number Is Not Acceptable)		
			B3		
			B4 City		
			FL B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DP	<input checked="" type="checkbox"/> DELETE			
NAME	LAMP, ROBERT W				
STREET ADDRESS	4444 US 98 N., #227				
CITY-ST-ZIP	LAKELAND FL				
TITLE	DV	<input checked="" type="checkbox"/> DELETE			
NAME	STROCK, MILLIE				
STREET ADDRESS	4444 US 98 N., #157				
CITY-ST-ZIP	LAKELAND FL				
TITLE	DT	<input checked="" type="checkbox"/> DELETE			
NAME	THOMAS, CHARLES W.				
STREET ADDRESS	4444 US 98 N., #233				
CITY-ST-ZIP	LAKELAND FL				
TITLE	DS	<input checked="" type="checkbox"/> DELETE			
NAME	HADLEY, BOBBIE				
STREET ADDRESS	4444 US 98 N., #156				
CITY-ST-ZIP	LAKELAND FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	CUSTER, ROBERT				
STREET ADDRESS	4444 US 98 N., #162				
CITY-ST-ZIP	LAKELAND FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	COCO, NELSON				
STREET ADDRESS	4444 US 98 N., #81				
CITY-ST-ZIP	LAKELAND FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Bryan, Frank				
1.3 STREET ADDRESS	4444 US 98 N., #313				
1.4 CITY-ST-ZIP	Lakeland, FL 33809				
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Mazza, Robert				
2.3 STREET ADDRESS	4444 US 98 N., #32				
2.4 CITY-ST-ZIP	Lakeland, FL 33809				
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	McCarthy, James				
3.3 STREET ADDRESS	4444 US 98 N., #166				
3.4 CITY-ST-ZIP	Lakeland, FL 33809				
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	Hadley, Bobbie				
4.3 STREET ADDRESS	4444 US 98 N., #156				
4.4 CITY-ST-ZIP	Lakeland, FL 33809				
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	Samson, Virginia				
5.3 STREET ADDRESS	4444 US 98 N., #335				
5.4 CITY-ST-ZIP	Lakeland, FL 33809				
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME	Preston, Mary				
6.3 STREET ADDRESS	4444 US 98 N., #102				
6.4 CITY-ST-ZIP	Lakeland, FL 33809				
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.					
SIGNATURE: <i>James M. McCarthy</i>		James McCarthy		8-8-98 853-3428	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

CR2E037 (5/98)