

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90044 030 ****61.25

0014165

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N41468

1. Corporation Name FOXWOOD VILLAGE ASSOCIATION, INC.

Principal Place of Business 500 N MAITLAND AVE SUITE 203 MAITLAND FL 32751 US Mailing Address 500 N MAITLAND AVE SUITE 203 MAITLAND FL 32751 US



2. Principal Place of Business 21 4444 US98N 22 #32 23 Lakeland FL 24 33809 25 USA 26 4444 US98N 27 #32 28 Lakeland FL 29 33809 30 USA 3. Date Incorporated or Qualified 12/10/1990 4. FEI Number 59-3047294 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent COLLING, LEE JAY 500 NORTH MAITLAND AVE SUITE 203 MAITLAND FL 32751 10. Name and Address of New Registered Agent Michael L. Resnick 1342 E. Vine Street Suite 236 Kissimmee, Florida 34744

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] DATE 3/1/99

Table with 2 columns: OFFICERS AND DIRECTORS, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include: BRYAN, FRANK; MAZZA, ROBERT; MCCARTHY, JAMES; HADLEY, BOBBIE; SAMSON, VIRGINIA; PRESTON, MARY; Phyllis Turner.

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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES MCCARTHY 3-8-99 853-3428

CR2E037 (11/98)