FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 21 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743747 (8)

1. Corporation Name
FOXFIRE WEST HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4979 HUBNER CR SARASOTA FL 34241	4979 HUBNER CR SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1978
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2651738 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4851 HOYER DRIVE	26 4851 HOYER DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Sarasota Fl	28 City & State: Sarasota Fl
24 Zip: 34241 25 Country: USA	29 Zip: 34241 30 Country: USA

9. Name and Address of Current Registered Agent

THORPE, ROBERT J.
4979 HUBNER CR.
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name: Beth Winkle
82 Street Address (P.O. Box Number is Not Acceptable): 4851 Hoyer DR
83
84 City: Sarasota Fl FL 85 Zip Code: 34241

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: MBethWinkle M BETH WINKLE 4/13/95
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	VD	1.1 TITLE	President D	☒ Change ☐ Addition
NAME	STEPHENS, KENNETH	1.2 NAME	Dee Anna Double	
STREET ADDRESS	4971 HUBNER CR.	1.3 STREET ADDRESS	4893 Hoyer DR	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota Fl 34241	
TITLE	PD	2.1 TITLE	Vice President D	☒ Change ☐ Addition
NAME	THORPE, ROBERT J.	2.2 NAME	DAVE DABBERT	
STREET ADDRESS	4979 HUBNER CR	2.3 STREET ADDRESS	4819 Hoyer DR	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	SARASOTA Fl 34241	
TITLE	D	3.1 TITLE	Secretary D	☒ Change ☐ Addition
NAME	NIKLA, TOM	3.2 NAME	LINDA LARKIN	
STREET ADDRESS	4847 HOYER DR	3.3 STREET ADDRESS	4803 Hoyer DR	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA Fl 34241	
TITLE	TD	4.1 TITLE	Asst Treasurer D	☒ Change ☐ Addition
NAME	THORPE, ARDIS	4.2 NAME	Beth Winkle	
STREET ADDRESS	4979 HUBNER CR.	4.3 STREET ADDRESS	4851 Hoyer DR	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA Fl 34241	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BERKERY, LARRY	5.2 NAME		
STREET ADDRESS	4938 HUBNER CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: MBeth Winkle M. BETH WINKLE 4/13/95 800 923-9898
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083847