

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 # N26653 (8)

1. Corporation Name

FOXHAVEN NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3485 WEST VINE STREET
P.O. BOX 73
KISSIMMEE FL 34741
US

3485 WEST VINE STREET
P.O. BOX 73
KISSIMMEE FL 34741
US

3. Date Incorporated or Qualified
05/27/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2898742

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

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

10. Name and Address of New Registered Agent

ARENA MANAGEMENT GROUP INC.
3485 WEST VINE STREET
SUITE 220
KISSIMMEE FL 34741

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 title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WERMERT, BARBARA
STREET ADDRESS 2725 FALLING TREE CIR
CITY-ST-ZIP ORLANDO FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Crisante, Fred
1.3 STREET ADDRESS 14533 Moss Point Ct.
1.4 CITY-ST-ZIP Orlando, FL 32837

TITLE VD ☐ DELETE
NAME SEITZ, DAVID
STREET ADDRESS 2873 FALLING TREE CIR.
CITY-ST-ZIP ORLANDO FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME Crudup, Charles
2.3 STREET ADDRESS 2934 Falling Tree Circle
2.4 CITY-ST-ZIP Orlando, FL 32837

TITLE DST ☐ DELETE
NAME CECCHINO, HECTOR
STREET ADDRESS 14519 FOXHAVEN BLVD
CITY-ST-ZIP ORLANDO FL

3.1 TITLE DST ☒ Change ☐ Addition
3.2 NAME Bridges, Lynn
3.3 STREET ADDRESS 14521 Moss Point Ct.
3.4 CITY-ST-ZIP Orlando, FL 32837

TITLE PD ☐ DELETE
NAME CECCHINO, LANA
STREET ADDRESS 14519 FOX HAVEN BLVD.
CITY-ST-ZIP ORLANDO FL

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

TITLE DST ☐ DELETE
NAME VEITZE, GERALDINE
STREET ADDRESS 2776 FALLING TREE CIRCLE
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)