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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N26653

1 Corporation Name
FOXHAVEN NEIGHBORHOOD ASSOCIATION, INC.

373723 - 90061 - 48

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

2. Principal Place of Business 21 5100 Town Center Blvd. Suite, Apt. #, etc. 22 City & State 23 ORLANDO FL Zip 24 32837 Country 25 USA	2a. Mailing Address 26 5100 Town Center Blvd. Suite, Apt. #, etc. 27 City & State 28 ORLANDO FL Zip 29 32837 Country 30 USA	3. Date Incorporated or Qualified 05/27/1988 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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Wean, Paul L.
82 Street Address (P.O. Box Number is Not Acceptable): Wean & Malchow, PA
83: 1305 EAST ROBINSON ST, SUITE A
84 City: ORLANDO FL 85 Zip Code: 32801

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: Paul L. Wean 1/20/99
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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	CRISANTE, FRED		1.2 NAME	John Samilian	
STREET ADDRESS	14533 MOSS POINT CT		1.3 STREET ADDRESS	2721 Falling Tree Circle	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	DST	☒ DELETE	2.1 TITLE	DST	☐ Change ☒ Addition
NAME	BRIDGES, LYNN		2.2 NAME	Sue Carpenter	
STREET ADDRESS	14521 MOSS POINT CT		2.3 STREET ADDRESS	2860 Falling Tree Circle	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	SEITZ, DAVE		3.2 NAME		
STREET ADDRESS	2873 FALLING TREE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32837		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #