

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742044

**Entity Name:** FOX RUN (PHASE I) MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

1440 SW 25TH LANE  
PALM CITY, FL 34990

**Current Mailing Address:**

P. O. BOX 272  
PALM CITY, FL 34991

**FEI Number:** 59-2560807

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COPELAND, JOHN K MR.  
2300 SE MONTEREY ROAD  
SUITE 100  
STUART, FL 34996 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JOHN K COPELAND

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name KEENE, RHETT MR  
Address P. O. BOX 272  
City-State-Zip: PALM CITY FL 34991

Title V.P.  
Name COPELAND, JOHN K MR  
Address 1440 SW 25TH LANE  
City-State-Zip: PALM CITY FL 34990

Title SECRETARY  
Name COPELAND, DANIELLE MRS.  
Address P.O. BOX 272  
City-State-Zip: PALM CITY FL 34991

Title TREA  
Name HALL, ROBERT MR  
Address 2423 SW 14TH TERRACE  
City-State-Zip: PALM CITY FL 34990

Title DIRECTOR  
Name NIELSEN, MIKE  
Address P.O. BOX 272  
City-State-Zip: PALM CITY FL 34991

Title DIRECTOR  
Name ADAMS, JOHN  
Address P.O. BOX 272  
City-State-Zip: PALM CITY FL 34991

Title DIRECTOR  
Name GAMBOTZ, BOB  
Address P.O. BOX 272  
City-State-Zip: PALM CITY FL 34991

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN K COPELAND

VP

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date