## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

/E\

1. Corporation Name  FOXWOOD PROPERTY OWNERS ASSOCIATION, INC.  Principal Place of Business  P.O. BOX 3334 STUART FL 34995-3334  STUART FL 34995-3334							
					3. Date Incorporated or Qualified 03/13/1978	3a. Date of Last 07/13/	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-2719735		Applied For
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desire		\$8.75 Additional	
City & State City & State				6. Election Campaign Financing \$5.00 M		Required May Be	
Zip	Country Zip		Count	ry	Trust Fund Contribution	Added to Fees	
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent		4 1	10. Name and Address of New Reg	Istered Agent	
NEV E	API ULI I		8	1 Name			
KEY, EVELYN L 10922 S.W. HAWJVIEW CIRCLE			8	82 Street Address (P.O. Box Number is Not Acceptable)			
STUART FL 34997				3			
			[8	4 City			
				65   2p code			
familiar wi SIGNATURE	th, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.	or by the co	polations	rporation submits this statement for the purpo- board of directors. I hereby accept the appoint	se of changing its r tment as registered	registered office I agent. I am
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS		E Registered Ac	ent signature re	ed when reinslating! DATE  ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS NAME)		
TITLE	PD SOELETE		1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition		
NAME	RICHARD, FEAK		1.2 NAM	i		Change	Addition E
STREET ADDRESS	*****			ET ADDRESS			8
CITY-ST-ZIP	STUART FL 34997		1.4 CITY				ļū.
THILE	VPD DELETE :		2.1 TITLE	+		Change	Addition
NAME	JOHNSON, LEVI M.		2.2 NAM	:		0	
STREET ADDRESS			23 STRE	ET ADDRESS			
CHTY-ST-ZIP	STUART FL		2 4 CITY	- ST - ZIP			
TITLE NAME			3.1 TITLE		Secretary	Change	Addition
STREET ADDRESS	MASSOLINI, JOE 11346 S.W. MEADOWLARK CIRCLE		3.2 NAME		Tune Kuhns 11105 SE Mendow larl		
CITY-ST-ZIP	ATILIAT #1 0000			T ADDRESS	11108 SE WERGON Park	K Circle	
TITLE	D	DELETE	3.4. CITY 4.1 TITLE		Stuart, F1. 34997		
NAME	RECKAMP, GARRY	Doctor	4.7 HILE		John Sweet, Director	☐ Change	Addition
STREET ADDRESS				T ADDRESS	loso4 SW Meadow 12	ck Circle	
CITY-ST-ZIP	STUART, FL 00000 FL 34997		4.4 CITY-		Stuart, Fl . 34997		
TITLE	V Average		5.1 TITLE		In Balance	Change	Addition
NAME	DOLDIN LODDIC		5.2 NAME		Larry Bartron, Direc	. 100	
STREET ADDRESS	EET ADDRESS 11625 S.W. MEADOWLARK CIRCLE		5.3 STREE	T ADDRESS	4217 Bay U: ew Cou	·++	1
CITY-ST-ZIP	STUART FL		5.4 CITY-	ST-ZIP	Stuart F1. 34997		
TITLE	Р	DELETE	61 TITLE		Rick Whitehead Direc		Addition
NAME	FEAK, BARBARA		6.2 NAME	i	10861 S W Hawkuie	Circle	
STREET ADDRESS	10942 SW HAWKVIEW CIR		6.3 STREE	T ADDRESS	10 961 3 14 140 4016		

CHY-S1-ZIP STUART FL

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/22/96 407-286-6257