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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 741981 (5)

1. Corporation Name

FOXWOOD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 3334
STUART FL 34995-3334

Mailing Address

P.O. BOX 3334
STUART FL 34995-3334



3. Date Incorporated or Qualified
03/13/1978

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number
59-2719735

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEY, EVELYN L
10922 S.W. HAWKVIEW CIRCLE
STUART FL 34997

81 Name (SAME)

82 Street Address (P.O. Box Number is Not Acceptable)
6544 SE LOCKERBY PLACE

84 City HOBE SOUND

FL

85 Zip Code 33458

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 EVELYN L. KEY

Signature, typed or printed name of registered agent and title if applicable

Sandra B. Mortham

(NOTE: Registered Agent signature required when reinstating)

1/13/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	SWEAT, JOHN	
STREET ADDRESS	10804 SW MEADOW LARK CIRCLE	
CITY-ST-ZIP	STUART FL	
TITLE	VPD	☒ DELETE
NAME	JOHNSON, LEVI M.	
STREET ADDRESS	6050 S. KANNER HWY.	
CITY-ST-ZIP	STUART FL	
TITLE	S	☐ DELETE
NAME	KUHNS, JUNE	
STREET ADDRESS	11105 SE MEADOW LARK CIRCLE	
CITY-ST-ZIP	STUART FL	
TITLE	D	☒ DELETE
NAME	RECKAMP, GARRY	
STREET ADDRESS	11305 SW MEADOWLARK CIR	
CITY-ST-ZIP	STUART, FL 00000 FL 34997	
TITLE	D	☒ DELETE
NAME	BARTRON, LARRY	
STREET ADDRESS	4217 BAYVIEW COURT	
CITY-ST-ZIP	STUART FL	
TITLE	D	☒ DELETE
NAME	WHITEHEAD, RICK	
STREET ADDRESS	10861 SW HAWKVIEW CIRCLE	
CITY-ST-ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	WILSON RICE	
1.3 STREET ADDRESS	11865 SW MEADOWLARK CIRCLE	
1.4 CITY-ST-ZIP	STUART, FL 34997	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	GARY GOFORTH	
2.3 STREET ADDRESS	10924 SW MEADOWLARK CIRCLE	
2.4 CITY-ST-ZIP	STUART, FL 34997	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	SUSAN NASH	
4.3 STREET ADDRESS	11406 SW MEADOWLARK CIRCLE	
4.4 CITY-ST-ZIP	STUART, FL 34997	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	JOHN JACQUES	
5.3 STREET ADDRESS	10943 SW HAWKVIEW CIRCLE	
5.4 CITY-ST-ZIP	STUART, FL 34997	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	JOYCE DOREEN DEVLIN	
6.3 STREET ADDRESS	11260 SW THUNDER ROAD	
6.4 CITY-ST-ZIP	STUART, FL 34997	

14. I do 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.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072069

CR2E037 (9/96)