FILE NOW: FILING FEE IS $61.25

FILED
Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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	Mailing Address
P.O. BOX 3334 STUART FL 34995-3334	P.O. BOX 3334 STUART FL 34995-3334

3. Date Incorporated or Qualified: 03/13/1978

4. FEI Number: 59-2719735 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

KEY, EVELYN L
6544 S.E. LOCKERBY PLACE
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, RICE	1.2 NAME	
STREET ADDRESS	11365 S.W. MEADOW LAKE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOFORTH, GARY	2.2 NAME	
STREET ADDRESS	10924 S.W. MEADOWLARK CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KUHNS, JUNE	3.2 NAME	
STREET ADDRESS	11105 SE MEADOW LARK CIRLCE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NASH, SUSAN	4.2 NAME	
STREET ADDRESS	11406 S.W. MEADOWLAKE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 00000 FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	D CORRECTION ☑ Change ☐ Addition
NAME	KACQIES, JOHN	5.2 NAME	JACQUES, JOHN
STREET ADDRESS	10943 S.W. HAWKINS CIRCLE	5.3 STREET ADDRESS	10943 SW. HAWKVIEW Circle
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DEVLIN, JOYCE DOREEN	6.2 NAME	
STREET ADDRESS	11250 S.W. THUNDER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE: William Rice 2/05/98 561-746-4900

CR2E037 (10/97)