FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
May 07, 1999 8:00 am
Secretary of State
05-07-1999 90015 019 ****61.25

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DOCUMENT # **741981**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/13/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2719735 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Evelyn D. Key EVELYN L. KEY 4/26/99
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		☐ 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	S P	☐ 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		☐ Change ☐ Addition
NAME	JACQUES, JOHN		5.2 NAME		
STREET ADDRESS	10943 S.W. HAWKINS CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 561-286-6257 Daytime Phone #

CR2E037 (11/98)