FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743559 (7)

1. Corporation Name
FOXWOOD ESTATES PROPERTY OWNERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
4808 ALDER DRIVE WEST PALM BEACH FL 33417	4808 ALDER DRIVE WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1978
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2047979 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CHISMARK, GEORGE
901 NORTPOINT PKWY
SUITE 102
W PALM BEACH FL 33407

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~TD~~	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	~~PREW, CHRIS~~	1.2 NAME	Eunice Lively	
STREET ADDRESS	~~4808-B ALDER DR.~~	1.3 STREET ADDRESS	4808-D Alder Dr	
CITY-ST-ZIP	~~WEST PALM BCH FL~~	1.4 CITY-ST-ZIP	West Palm Beach FL 33417	
TITLE	~~VD~~	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~LIVELY, EUNICE~~	2.2 NAME	Cynthia Kasper	
STREET ADDRESS	~~4808-D ALDER DR~~	2.3 STREET ADDRESS	4836 Marbella Rd	
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	2.4 CITY-ST-ZIP	West Palm Beach FL 33417	
TITLE	~~VD~~	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~GILBERT, RUSS~~	3.2 NAME	Betty McKeon	
STREET ADDRESS	~~4809-A ALDER DR.~~	3.3 STREET ADDRESS	4929-C Alder Dr	
CITY-ST-ZIP	~~WEST PALM BEACH FL~~	3.4 CITY-ST-ZIP	West Palm Beach FL 33417	
TITLE	~~SD~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~KASPER, CYNTHIA~~	4.2 NAME		
STREET ADDRESS	~~4836 MARBELLA RD. S.~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~W. PALM BEACH FL~~	4.4 CITY-ST-ZIP		
TITLE	~~PD~~	5.1 TITLE		☐ Change ☐ Addition
NAME	~~JOHNSON, DAVID~~	5.2 NAME		
STREET ADDRESS	~~4910-A ALDER DR~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~W PALM BEACH FL~~	5.4 CITY-ST-ZIP		
TITLE	~~VD~~	6.1 TITLE		☐ Change ☐ Addition
NAME	~~GOLOMON, ROGER~~	6.2 NAME		
STREET ADDRESS	~~4809-D ALDER DR.~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~W. PALM BEACH FL~~	6.4 CITY-ST-ZIP		

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 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: Betty McKeon BETTY McKEON 4-5-95 407-683-0435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #