

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743747 (8)

1. Corporation Name
FOX FIRE WEST HOME OWNERS ASSOCIATION, INC.



Principal Place of Business: 4851 HOYER DR, SARASOTA FL 34241, US
Mailing Address: 4851 HOYER DR, SARASOTA FL 34241, US

3. Date Incorporated or Qualified: 07/28/1978
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number: 59-2651738 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: WINKLE, BETH, 4851 HOYER DR, SARASOTA FL 34241
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: *Beth Winkle* (NOTE: Registered Agent signature required when reinstating) DATE: 7-19-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: DOWDLE, DEE ANNA STREET ADDRESS: 4823 HOYER DR CITY-ST-ZIP: SARASOTA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: President 1.2 NAME: DAVE DABBERT 1.3 STREET ADDRESS: 4819 HOYER DR 1.4 CITY-ST-ZIP: SARASOTA FL
TITLE: D	NAME: DABBERT, DAVE STREET ADDRESS: 4819 HOYER DR CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	2.1 TITLE: Vice President 2.2 NAME: mark shufft 2.3 STREET ADDRESS: 4926 Hubner Circle 2.4 CITY-ST-ZIP: SARASOTA FL 34241
TITLE: SD	NAME: LARKIN, LINDA STREET ADDRESS: 4803 HOYER DR CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	3.1 TITLE: Secretary 3.2 NAME: Linda Larkin 3.3 STREET ADDRESS: 4803 HOYER DR 3.4 CITY-ST-ZIP: Sarasota
TITLE: D	NAME: WINKLE, BETH STREET ADDRESS: 4851 HOYER DR CITY-ST-ZIP: SARASOTA FL	<input type="checkbox"/> DELETE	4.1 TITLE: 2nd Vice President 4.2 NAME: Jack Conway 4.3 STREET ADDRESS: 4871 HOYER DR 4.4 CITY-ST-ZIP: SARASOTA FL 34241
TITLE: D	NAME: BERKERY, LARRY STREET ADDRESS: 4938 HUBNER CIRCLE CITY-ST-ZIP: SARASOTA FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE STREET ADDRESS: <input type="checkbox"/> DELETE CITY-ST-ZIP: <input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Beth Winkle* M. BETH WINKLE 1-19-96 941-927-9277

CR2E037 (12/95)