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 MAR 16 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 754690 (6)

1. Corporation Name
FOXMOOR LAKES MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O RICHARD ALLEN MYERS & CO. 12671 WHITEHALL DR. FT. MYERS FL 33907	C/O RICHARD ALLEN MYERS & CO. 12671 WHITEHALL DR. FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/16/1980
3a. Date of Last Report: 03/14/1994
4. FEI Number: 59-2068748 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 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

RICHARD ALLEN MYERS & CO., PA
C/O STEVEN M. BRETTHOLTZ
12671 WHITEHALL DRIVE
FT. MYERS FL 33907

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	PD	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	RICHARD LAPOSTA	1.2 NAME	GERALD BROOKS	
STREET ADDRESS	5654 FOXLAKE DR.	1.3 STREET ADDRESS	15512 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	VD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	BROOKS, GERALD	2.2 NAME	RUSS LINDSEY	
STREET ADDRESS	15512 CRYSTAL LAKE DR	2.3 STREET ADDRESS	15574 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	HALLENBECK, RANDALL	3.2 NAME	RANDALL HALLENBECK	
STREET ADDRESS	RR1 BOX 418H NA	3.3 STREET ADDRESS	5623 FOXLAKE DRIVE	
CITY-ST-ZIP	E BERNE NY	3.4 CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	SD	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	ROY, DORA	4.2 NAME	TERRY ROBINSON	
STREET ADDRESS	5680 LONGLEAF DRIVE	4.3 STREET ADDRESS	5711 LONGLEAF DRIVE	
CITY-ST-ZIP	N. FT. MYERS FL	4.4 CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MCCORMICK, JOHN	5.2 NAME	KEN COATES	
STREET ADDRESS	15474 CRYSTAL LAKE DR	5.3 STREET ADDRESS	15453 CRYSTAL LAKE DRIVE	
CITY-ST-ZIP	N. FT. MYERS FL	5.4 CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	6.1 TITLE	D	☐ Change ☒ Addition
NAME	WINFELD, SIDNEY	6.2 NAME	HAROLD SHEFIELD	
STREET ADDRESS	15492 CRYSTAL LAKE DR	6.3 STREET ADDRESS	5587 FOXLAKE DRIVE	
CITY-ST-ZIP	N. FT. MYERS FL	6.4 CITY-ST-ZIP	N. FT. MYERS FL	

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)(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: X Randall Hallenbeck 3/10/95 543-3661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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