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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **761507**

1. Corporation Name

FOX MEADOW HOME OWNERS ASSOCIATION OF OCALA, INC

Principal Place of Business	Mailing Address
1601 NORTHEAST 38TH AVENUE OCALA FL 34470 US	1601 NORTHEAST 38TH AVENUE OCALA FL 34470 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1655 SW 5 Ave
Suite, Apt. #, etc.
27
City & State
28 Ocala, FL
Zip 29 34474 Country 30 USA

3. Date Incorporated or Qualifed
01/19/1982

4. FEI Number
59-2190414
☐ Applied For
☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

SOLOGUREN, GEORGE
1301 NE 14TH STREET
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name Nolen, M Jane
82 Street Address (P.O. Box Number is Not Acceptable) 1655 SW 5 Ave
83
84 City Ocala, FL 34474 FL 85 Zip Code 34474

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 M. Jane Nolen M. Jane Nolen, CMCA 4-26-99
Signature, type 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	S	☒ DELETE	1.1 TITLE	DS	☐ Change ☒ Addition
NAME	WOLDT, GEORGIA		1.2 NAME	Priest, Elsie	
STREET ADDRESS	1609 NE 38TH TERR		1.3 STREET ADDRESS	3614 NE 17 Lane	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	T	☒ DELETE	2.1 TITLE	DT	☐ Change ☒ Addition
NAME	BRADT, SHIRLEY		2.2 NAME	Simons, Rosemary	
STREET ADDRESS	3704 NE 17TH ST		2.3 STREET ADDRESS	1715 NE 38 Ave	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUML, PATRICIA		3.2 NAME		
STREET ADDRESS	1702 NE 38TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	OWENS, WILLIAM		4.2 NAME	Owen, William	
STREET ADDRESS	1706 NE 38TH AVE		4.3 STREET ADDRESS	1706 NE 38 Ave	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME			5.2 NAME	Sanidlo, Anthony	
STREET ADDRESS			5.3 STREET ADDRESS	3706 NE 17 Street	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ocala, FL 34470	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Rosemary Simons Treas 4-28-99 352 804-8405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)