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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 763919

1. Corporation Name

FOX VALLEY HOMEOWNERS ASSOC., INC.

Principal Place of Business

C/O GARY ROSENHOUSE
63 FOX VALLEY DR
ORANGE PARK FL 32073
US

Mailing Address

C/O GARY ROSENHOUSE
14 FOX VALLEY DRIVE
ORANGE PARK FL 32073
US



2. Principal Place of Business

21 **15 Fox Valley Dr**

Suite, Apt. #, etc.

22 **Orange Park, FL**

City & State

23 **32073** **USA**

Zip Country

2a. Mailing Address

26 **15 Fox Valley Dr**

Suite, Apt. #, etc.

27 **Orange Park, FL**

City & State

28 **32073** **USA**

Zip Country

3. Date Incorporated or Qualified

06/25/1982

4. FEI Number

59-2489880

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

9. Name and Address of Current Registered Agent

WILHITE, MARVIN E
1712 KINGSLEY AVENUE
ORANGE PARK FL 32073

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **PD ROSENBERG, GARY**

STREET ADDRESS **63 FOX VALLEY DR**

CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ DELETE

NAME **SD STELTER, CAROL**

STREET ADDRESS **68 FOX VALLEY DR**

CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☒ DELETE

NAME **VPD SUGGS, SHIRLEY**

STREET ADDRESS **22 FOX VALLEY DR**

CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ DELETE

NAME **D BURNETTE, BEN**

STREET ADDRESS **94 FOX VALLEY DR**

CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ DELETE

NAME **D MINERVA, ROY**

STREET ADDRESS **11 FOX VALLEY DR**

CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☒ DELETE

NAME **D MAYBERRY, JANE**

STREET ADDRESS **62 FOX VALLEY DR**

CITY-ST-ZIP **ORANGE PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **T RIEGEL, ROBERT**

1.3 STREET ADDRESS **15 FOX VALLEY DR.**

1.4 CITY-ST-ZIP **ORANGE PARK, FL 32073**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **D**

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D BOYETTE, HAROLD**

3.3 STREET ADDRESS **53 FOX VALLEY DR.**

3.4 CITY-ST-ZIP **ORANGE PARK, FL 32073**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **PD**

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D HEWITT, PAT**

6.3 STREET ADDRESS **46 FOX VALLEY DR.**

6.4 CITY-ST-ZIP **ORANGE PARK, FL 32073**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 904-276-3927

CR2E037 (11/98)