

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765910 (5)

1. Corporation Name

FOX GLEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

HILLARDVILLE ROAD
~~RT-16 BOX 1870~~
TALLAHASSEE FL 32310

Betty Quick
P.O. Box 7535
Tallahassee, FL 32314-7535

2. Principal Place of Business

21 1000 SHARER CT

Suite, Apt. #, etc.

22 Tallahassee

City & State

23 Florida

Zip

24 32312

Country

25 Leon

2a. Mailing Address

26 P.O. Box 7535

Suite, Apt. #, etc.

27 Tallahassee

City & State

28 Florida

Zip

29 32314

Country

30 Leon

3. Date Incorporated or Qualified

11/30/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

26-1503436

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

10. Name and Address of New Registered Agent

QUICK, BETTY S.

~~RT-16, BOX 1870~~

HILLARDVILLE ROAD

TALLAHASSEE FL 32310

313 Hilliardville Rd

Crawfordville, FL 32327

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

Betty S. Quick

Signature, typed, 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TD	QUICK, BETTY S	RT-16 BOX 1870	TALLAHASSEE FL	<input type="checkbox"/>
VD	SOLOMON, RICHARD	2070 SOLOMON COURT	TALLAHASSEE FL	<input type="checkbox"/>
S	MURPHEY, LARRINDA	2026 FANNIE DR	TALLAHASSEE FL	<input type="checkbox"/>
PD	QUICK, H. DAVIS	RT-16, BOX 1870	TALLAHASSEE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		313 Hilliardville Rd	Crawfordville, FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Davis Quick
313 Hilliardville Rd.
Crawfordville, FL 32327

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 S. Quick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/96

Date

Daytime Phone #

CR2E037 (12/95)