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**May 07 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



**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
1000 SHARER CT TALLAHASSEE FL 32312 US
P.O. BOX 7535 TALLAHASSEE FL 32314-7535 US

3. Date Incorporated or Qualified 11/30/1982 **3a. Date of Last Report 05/01/1996**

2. Principal Place of Business 21 **2a. Mailing Address 26**

4. FEI Number 26-1503436 **Applied For Not Applicable**

22 Suite, Apt. #, etc. **27 Suite, Apt. #, etc.**

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State **28 City & State**

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

24 Zip 25 Country **29 Zip 30 Country**

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.
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: _____ **DATE:** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **TD** DELETE
NAME **QUICK, BETTY S**
STREET ADDRESS **313 HILARDVILLE**
CITY - ST - ZIP **CRAWFORVILLE FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VD** DELETE
NAME **SOLOMON, RICHARD**
STREET ADDRESS **2070 SOLOMON COURT**
CITY - ST - ZIP **TALLAHASSEE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **S** DELETE
NAME **MURPHEY, LARRINDA**
STREET ADDRESS **2026 FANNIE DR**
CITY - ST - ZIP **TALLAHASSEE FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **PD** DELETE
NAME **QUICK, H. DAVIS**
STREET ADDRESS **313 HILLARDVILLE**
CITY - ST - ZIP **CRAWFORDVILLE FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Betty S. Quick* (Betty S. Quick) **4-23-97** **904-926-5276**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000811

CR2E037 (9/96)