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03-01-1999 90189 042 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 765910

1. Corporation Name

FOX GLEN HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1000 SHARER CT
 TALLAHASSEE FL 32312
 US

Mailing Address

P.O. BOX 7535
 TALLHASSEE FL 32314
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/30/1982

4. FEI Number

26-1503436

Applied For
 Not Applicable

5. Certificate 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

QUICK, BETTY S.
313 HILLIARDVILLE RD
CRAWFORDVILLE FL 32327

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

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

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

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE Change Addition
 3.2 NAME **vice President**
 3.3 STREET ADDRESS **GRAVIUS, Connie**
 3.4 CITY-ST-ZIP **1925 Willow Run Drive 32308**
TALLAHASSEE FL

4.1 TITLE Change Addition
 4.2 NAME **MYER CHRIS**
 4.3 STREET ADDRESS **1000 SHARER COURT # 71**
 4.4 CITY-ST-ZIP **TALLAHASSEE FL 32312**

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
 6.3 STREET ADDRESS
 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:

SIGNATURE REQUIRED

1-30-99 950 926 5276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)