

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **765910**
1. Entity Name
Fox Glen Homeowners' Association, Inc.

FILED
03 APR 28 AM 10:49
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1114 N. Adams St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3874
Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32303

Country
USA

Zip
323015

Country
USA

4. FEI Number
26-1503436

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Curtis L. Type


Street Address (P.O. Box Number is Not Acceptable)
1114 N Adams St.

City
Tallahassee

State
FL

Zip Code
32303

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE  DATE **4/25/03**

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

**FEE IS \$61.25
Initial or Amended UBR**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Type, Curtis 1114 N Adams St. Tallahassee FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/28/03--01078--001 **26.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Buxton, Roberta 1000 Shaver Ct. Tallahassee FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000015432140 04/10/03--01078--001 **35.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gravins, Connie 1925 Willow Run Dr Tallahassee, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Lewis 4/28/03

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)