

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90026 042 ***150.00

DOCUMENT # M73922

1. Corporation Name

FOXWOOD COUNTRY CLUB OF CRESTVIEW, INC.



Principal Place of Business

**4927 ANTIOCH RD.
CRESTVIEW FL 32536**

Mailing Address

**4927 ANTIOCH RD.
CRESTVIEW FL 32536**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/01/1988

4. FEI Number

59-2886880

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CAMPBELL, FERRIN C., SR.
335 N MAIN STREET
P. O. BOX 846
CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent

81

Name **William A. Barnhill**

82

Street Address (P.O. Box Number is Not Acceptable)

501 N. Perdon Blvd

83

84

City **CRESTVIEW**

FL

Zip Code

32536

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/29/99
DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

BROCK, HURDIS

STREET ADDRESS

306 ADAMS DR

CITY-ST-ZIP

CRESTVIEW FL

TITLE

VD

☐ DELETE

NAME

JOHNSON, CAROL B.

STREET ADDRESS

5 PANDORA DR

CITY-ST-ZIP

CRESTVIEW FL

TITLE

STD

☐ DELETE

NAME

BARNHILL, WILLIAM A.

STREET ADDRESS

5847 BUCK WARD RD

CITY-ST-ZIP

BAKER FL

TITLE

D

☐ DELETE

NAME

HESTER, JUNIOR

STREET ADDRESS

WILDER RD

CITY-ST-ZIP

NICEVILLE FL

TITLE

D

☒ DELETE

NAME

CADENHEAD, CHRIS

STREET ADDRESS

420 EAST PINE AVE

CITY-ST-ZIP

CRESTVIEW FL

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

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

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 607, 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: *William A. Barnhill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99 850-682-6199

Date

Daytime Phone #

CR2E034 (11/98)

0538159