FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:59

DOCUMENT # N01729 (5)

1. Corporation Name

FOX HOLLOW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
R & P MANAGEMENT 265 AIRPORT RD. S. NAPLES FL 33942 US	C/O R & P MANAGEMENT 265 AIRPORT RD. S. NAPLES FL 33942 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1984
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2589583 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HOPPE, HELEN
265 AIRPORT ROAD SOUTH
2500 AIRPORT RD S SUITE 310
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name: R & P Management Associates
82 Street Address (P.O. Box Number is Not Acceptable): 265 Airport Road South
83
84 City: Naples **FL** 85 Zip Code: 33942

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: [signature] DENNIS CARLSON 5/3/95
Signature, typed or 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	DP	11 TITLE	President	☐ Change ☑ Addition
NAME	HUTCHINSON, TOM	12 NAME	Ray, James	
STREET ADDRESS	5250 FOX HOLLOW DRIVE	13 STREET ADDRESS	5415 FoxHollow Drive	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, FL	
TITLE	DVP	21 TITLE		☐ Change ☐ Addition
NAME	LA MAIDA, BARB	22 NAME		
STREET ADDRESS	5301 FOX HOLLOW DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE	Director Secretary	☑ Change ☐ Addition
NAME	HARRIS, JESS	32 NAME	Carlsson, Lawrence	
STREET ADDRESS	5250 FOXHOLLOW DR #533	33 STREET ADDRESS	5460 FoxHollow Drive	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Naples, FL	
TITLE	DT	41 TITLE	Director	☐ Change ☐ Addition
NAME	LINDEMAN, MORT	42 NAME		
STREET ADDRESS	5307 FOXHOLLOW DR	43 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	Treasurer	☑ Change ☐ Addition
NAME	VAN ALSTINE, ELLIS	52 NAME		
STREET ADDRESS	5290 FOXHOLLOW DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CATES, CECIL	62 NAME	REMITTED BY MAY 1	
STREET ADDRESS	5250 FOXHOLLOW DR. #529	63 STREET ADDRESS		
CITY-ST-ZIP	NAPLE FL	64 CITY-ST-ZIP		

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: [signature] 4-21-95
SIGNATURE OF OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0017018