

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified 03/01/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2589583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

R & P MANAGEMENT ASSOCIATIONS  
265 AIRPORT ROAD SOUTH  
2500 AIRPORT RD S SUITE 310  
NAPLES FL 33942

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	HUTCHINSON, TOM	
STREET ADDRESS	5250 FOX HOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	LA MAIDA, BARB	
STREET ADDRESS	5301 FOX HOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARLSSON, LAWRENCE	
STREET ADDRESS	5250 FOX HOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LINDEMAN, MORT	
STREET ADDRESS	5307 FOXHOLLOW DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VAN ALSTINE, ELLIS	
STREET ADDRESS	5290 FOXHOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CATES, CECIL	
STREET ADDRESS	5250 FOXHOLLOW DR. #529	
CITY-ST-ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Levin, Terone	
1.3 STREET ADDRESS	5452 Fox Hollow Dr.	
1.4 CITY-ST-ZIP	Naples, FL 33942	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Avenatti, John	
2.3 STREET ADDRESS	5504 Fox Hollow Dr.	
2.4 CITY-ST-ZIP	Naples, FL 33942	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sturges, Douglas	
4.3 STREET ADDRESS	5374 Fox Hollow Dr.	
4.4 CITY-ST-ZIP	Naples, FL 33942	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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:

*Ellis A. Van Alstine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

Date

941/443-3353

Daytime Phone #

CR2E037 (12/95)