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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34104-3518
US**

3. Date Incorporated or Qualified
03/01/1984

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **LEVIN, JEROME**
STREET ADDRESS **5452 FOX JOLLW DRIVE**
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **AVENATTI, JOHN**
STREET ADDRESS **5504 FOX HOLLW DRIVE**
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE **T D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CARLSSON, LAWRENCE**
STREET ADDRESS **5250 FOX HOLLOW DRIVE**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DS** ☐ DELETE
NAME **STURGES, DOUGLAS**
STREET ADDRESS **5374 FOX HOLLW DRIVE**
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE
NAME **VAN ALSTINE, ELLIS**
STREET ADDRESS **5280 FOXHOLLOW DRIVE**
CITY-ST-ZIP **NAPLES FL**

5.1 TITLE **V D** ☐ Change ☒ Addition
5.2 NAME **Richard Marsh**
5.3 STREET ADDRESS **5372 Fox Hollow Dr.**
5.4 CITY-ST-ZIP **Naples, FL 34104**

TITLE **DVP** ☐ DELETE
NAME **CATES, CECIL**
STREET ADDRESS **5250 FOXHOLLOW DR. #528**
CITY-ST-ZIP **NAPLES FL**

6.1 TITLE **P D** ☒ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0058134

CR2E037 (9/96)