

FILE NOW: FILING FEE IS \$61.25

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Jun 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01729**
1. Corporation Name
Fox Hollow Condominium Association Inc

Principal Place of Business Mailing Address

500002543705

06/02/98 01024 005

3. Date Incorporated or Qualified 2/15/84	Applied For ☐	Not Applicable ☒
4. FEI Number 59-2589583		

2. Principal Place of Business 21 610 Newell Property Mgmt	2a. Mailing Address 21 610 Newell Property Mgmt
22 Suite, Apt. #, etc. 4148A Corporate Square	22 Suite, Apt. #, etc. 4148A Corporate Square
23 City & State Naples FL	23 City & State Naples FL
24 Zip 34104	24 Zip 34104
25 Country USA	25 Country USA

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

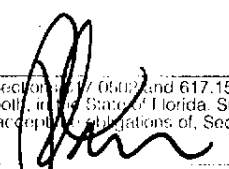
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Newell, William
82 Street Address (P.O. Box Number is Not Acceptable) 4148A Corporate Square
83 City Naples
84 State FL
85 Zip Code 34104

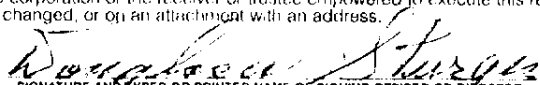
81 Name Newell, William
82 Street Address (P.O. Box Number is Not Acceptable) 4148A Corporate Square
83 City Naples
84 State FL
85 Zip Code 34104

11. Pursuant to the provisions of Sections 600.01 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  DATE **4/4/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	☒ DELETE	1.1 TITLE PD	☐ Change ☐ Addition
NAME Cates, Cecil		1.2 NAME Carlsson, Lawrence	
STREET ADDRESS 5250 Fox Hollow Drive #529		1.3 STREET ADDRESS 5250 Fox Hollow Drive #517	
CITY-ST-ZIP Naples FL 34104		1.4 CITY-ST-ZIP Naples FL 34104	
TITLE PD	☒ DELETE	2.1 TITLE VD	☐ Change ☐ Addition
NAME Avenatti, John		2.2 NAME Marsh, Richard	
STREET ADDRESS 5504 Fox Hollow Drive		2.3 STREET ADDRESS 5372 Fox Hollow Drive	
CITY-ST-ZIP Naples FL 34104		2.4 CITY-ST-ZIP Naples FL 34104	
TITLE	☐ DELETE	3.1 TITLE TS	☒ Change ☐ Addition
NAME		3.2 NAME Levin, Jerome	
STREET ADDRESS		3.3 STREET ADDRESS 5452 Fox Hollow Drive	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Naples FL 34104	
TITLE	☐ DELETE	4.1 TITLE SD	☐ Change ☐ Addition
NAME		4.2 NAME Sturges, Douglas	
STREET ADDRESS		4.3 STREET ADDRESS 5374 Fox Hollow Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Naples FL 34104	
TITLE		5.1 TITLE SD	☐ Change ☒ Addition
NAME		5.2 NAME Abronski, Alan	
STREET ADDRESS		5.3 STREET ADDRESS 5347 Fox Hollow Drive	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Naples FL 34104	
TITLE		6.1 TITLE SD	☐ Change ☐ Addition
NAME		6.2 NAME Bush, Harry	
STREET ADDRESS		6.3 STREET ADDRESS 5303 Fox Hollow Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Naples FL 34104	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE **4/4/98** TELEPHONE **643-0124**

CR2E037 (10/97)