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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

500002543705
-06/02/98--01024--005

DOCUMENT # N01729

1. Corporation Name
Fox Hollow Condominium Association Inc

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified
2/17/84

4. FEI Number
59-2589583
☐ Applied For
☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Newell Property Mgmt	26 c/o Newell Property Mgmt
Suite, Apt. #, etc. 22 4148A Corporate Square	Suite, Apt. #, etc. 27 4148A Corporate Square
City & State 23 Naples FL	City & State 28 Naples FL
Zip 24 34104 Country 25 USA	Zip 29 34104 Country 30 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
84 City: Naples FL 85 Zip Code: 34104

11. Pursuant to the provisions of Section(s) 607.0502 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 _____ 4/24/98
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	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Cates, Cecil	1.2 NAME	Carlsson, Lawrence
STREET ADDRESS	5239 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	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Avenatti, John	2.2 NAME	Marsh, Richard
STREET ADDRESS	5504 Fox Hollow Drive	2.3 STREET ADDRESS	5378 Fox Hollow Drive
CITY-ST-ZIP	Naples FL 34104	2.4 CITY-ST-ZIP	Naples FL 34104
TITLE	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME		3.2 NAME	Levin, Jerome
STREET ADDRESS		3.3 STREET ADDRESS	5453 Fox Hollow Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples FL 34104
TITLE	☐ DELETE	4.1 TITLE	☐ 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	☐ 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	☐ 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

D Modica, Joseph
5250 Fox Hollow Drive #511
Naples FL 34104
☑ ADDITION

PD PD TD VD TD SD D PE 6/1

CR2E037 (10/97)

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: _____ 4/24/98 6443-0124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #