


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90048 023 ****61.25

0083511

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01729					
1. Corporation Name FOX HOLLOW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O NEWELL PROPERTY MGMT 4148A CORPORATE SQUARE NAPLES FL 34104 US			Mailing Address C/O NEWELL PROPERTY MGMT 4148A CORPORATE SQUARE NAPLES FL 34104 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/01/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2589583	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEWELL, WILLIAM 4148A CORPORATE SQUARE NAPLES FL 34104				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input checked="" type="checkbox"/> DELETE NAME LEVIN, JEROME STREET ADDRESS 5452 FOX HOLLOW DR CITY-ST-ZIP NAPLES FL 34104				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Mercurio, Sal 1.3 STREET ADDRESS 5250 Fox Hollow Dr #500 1.4 CITY-ST-ZIP NAPLES FL 34104			
TITLE <input checked="" type="checkbox"/> DELETE NAME ABRONSKI, ALAN STREET ADDRESS 5347 FOX HOLLOW DRIVE CITY-ST-ZIP NAPLES FL 34104				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Benzmer, Dave 2.3 STREET ADDRESS 5407 Fox Hollow Dr 2.4 CITY-ST-ZIP Naples FL 34104			
TITLE <input type="checkbox"/> DELETE NAME CARLSSON, LAWRENCE STREET ADDRESS 5250 FOX HOLLOW DRIVE, #517 CITY-ST-ZIP NAPLES FL 34104				3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Modica, Joseph 3.3 STREET ADDRESS 5250 Fox Hollow Dr #511 3.4 CITY-ST-ZIP Naples FL 34104			
TITLE <input checked="" type="checkbox"/> DELETE NAME STURGES, DOUGLAS STREET ADDRESS 5374 FOX HOLLOW DRIVE CITY-ST-ZIP NAPLES FL 34104				4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Dietrich, Joyce 4.3 STREET ADDRESS 5250 Fox Hollow Drive #508 4.4 CITY-ST-ZIP Naples FL 34104			
TITLE <input checked="" type="checkbox"/> DELETE NAME MARSH, RICHARD STREET ADDRESS 5372 FOX HOLLOW DR. CITY-ST-ZIP NAPLES FL 34104				5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Brian, Lawrence 5.3 STREET ADDRESS 5254 Fox Hollow Dr 5.4 CITY-ST-ZIP Naples, FL 34104			
TITLE <input type="checkbox"/> DELETE NAME BUSH, HARRY STREET ADDRESS 5303 FOX HOLLOW DR CITY-ST-ZIP NAPLES FL 34104				6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Bush, Harry 6.3 STREET ADDRESS 5303 Fox Hollow Drive 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 (941) 6434588

CR2E037 (11/98)