

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90203 034 ****61.25

DOCUMENT # N01729

1. Entity Name

FOX HOLLOW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O NEWELL PROPERTY MGMT
 4148A CORPORATE SQUARE
 NAPLES FL 34104
 US

C/O NEWELL PROPERTY MGMT
 4148A CORPORATE SQUARE
 NAPLES FL 34104
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2589583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWELL, WILLIAM
4148A CORPORATE SQUARE
NAPLES FL 34104

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete
NAME	MERCURIO, SAL	
STREET ADDRESS	5250 FOX HOLLOW DRIVE, #520	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	B	<input checked="" type="checkbox"/> Delete
NAME	BENZMER, DAVE	
STREET ADDRESS	5407 FOX HOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEA, BOB	
STREET ADDRESS	5448 FOX HOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	B	<input type="checkbox"/> Delete
NAME	DIETRICH, JOYCE	
STREET ADDRESS	5250 FOX HOLLOW DRIVE, #528	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BYAN, LAWRENCE	
STREET ADDRESS	5284 FOX HOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUSH, HARRY	
STREET ADDRESS	5303 FOX HOLLOW DRIVE	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valot, Merlin	
STREET ADDRESS	5405 Fox Hollow Drive	
CITY-ST-ZIP	Naples FL 34104	
TITLE	VB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kuan, Lawrence	
STREET ADDRESS	5284 Fox Hollow Drive	
CITY-ST-ZIP	Naples FL 34104	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dietrich, Joyce	
STREET ADDRESS	5250 Fox Hollow Drive	
CITY-ST-ZIP	Naples FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whitman, Kathleen	
STREET ADDRESS	5250 Fox Hollow Drive #533	
CITY-ST-ZIP	Naples FL 34104	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Richard	
STREET ADDRESS	5270 Fox Hollow Drive #524	
CITY-ST-ZIP	Naples FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

03/27/01 9416434884

CR2E037 (10/00)