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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02669

1. Corporation Name

FOXGREEN MANOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

3028 FINSTERWALD DRIVE
C/O MARGARET P. O'NEAL
TITUSVILLE FL 32780

Mailing Address

3028 FINSTERWALD DRIVE
C/O MARGARET P. O'NEAL
TITUSVILLE FL 32780



2. Principal Place of Business

21 3079 FINSTERWALD DR.

Suite, Apt. #, etc.

22 C/O JAMES R. BAUER

City & State

23 TITUSVILLE, FL.

Zip

24 32780

Country

25 USA

2a. Mailing Address

26 3079 FINSTERWALD DR.

Suite, Apt. #, etc.

27 C/O JAMES R. BAUER

City & State

28 TITUSVILLE, FL.

Zip

29 32780

Country

30

3. Date Incorporated or Qualified

04/23/1984

4. FEI Number

59-2446827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

O'NEAL, MARGARET P.
3028 FINSTERWALD DRIVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name

JAMES R. BAUER

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

3079 FINSTERWALD DR.

83

84 City

TITUSVILLE

FL

85 Zip Code

32780

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 1-4-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME ONEAL, MARGARET
STREET ADDRESS 3028 FINSTERWALD DR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ DELETE

NAME LUPO, DONALD M.
STREET ADDRESS 17 W 232 OLD TAVERN RD
CITY-ST-ZIP OAKBROOK IL 60521

TITLE ☒ DELETE

NAME LUPO, DONALD M
STREET ADDRESS 17 W 232 OLD TAVERN RD
CITY-ST-ZIP OAKBROOK IL 60521

TITLE ☐ DELETE

NAME LUPO, JOHN
STREET ADDRESS 1007 BRAEMOOR
CITY-ST-ZIP DOWNERS GROVE IL 60515

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME TS
BAUER, JAMES R
1.3 STREET ADDRESS 3079 FINSTERWALD DR
1.4 CITY-ST-ZIP TITUSVILLE, FL 32780

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME P
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME D
LUPO, SANDRA
3.3 STREET ADDRESS 17 W 232 OLD TAVERN RD
3.4 CITY-ST-ZIP OAKBROOK IL 60521

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: JAMES R. BAUER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

(407) 267-6258

Daytime Phone #

(208) 312-2117

CR2E037 (11/98)