

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 22 1998 8:00am
Secretary of State

0003084

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03477 (9)

1. Corporation Name

FOX HUNT LANES OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 677397
ORLANDO FL 32867-4397

P.O. BOX 677397
ORLANDO FL 32867-4397

3. Date Incorporated or Qualified

06/06/1984

4. FEI Number

59-2853978

Applied For

Not Applicable

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 nonexempt association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLSON, CHARLES A JR
12040 WALDON WOODS DR
ORLANDO FL 32826

81 Name

JUAN ORTEGA

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

6374 KEARCE ST

83

84 City

ORLANDO

FL

85 Zip Code

32807

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

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

JUAN ORTEGA - President - 6-24-1998
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOXWORTH, SCOTT	
STREET ADDRESS	2720 HUNT CLUB LANE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MORELAND, ANITA	
STREET ADDRESS	2908 LAGOON COVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	AD	<input checked="" type="checkbox"/> DELETE
NAME	VOKOVITCH, LISA M	
STREET ADDRESS	2756 GRAY FOX LANE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BRAVERMAN, TED J	
STREET ADDRESS	12262 FOX HOUND LANE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, CHARLES A JR	
STREET ADDRESS	12040 WALDEN WOODS	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D- JUAN ORTEGA	
1.3 STREET ADDRESS	6374 KEARCE ST	
1.4 CITY-ST-ZIP	ORLANDO - FL 32807	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D- JUAN ORTEGA-ROSALES	
2.3 STREET ADDRESS	6374 KEARCE ST.	
2.4 CITY-ST-ZIP	ORLANDO - FL 32807	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D- MELBA ORTEGA	
3.3 STREET ADDRESS	6374 KEARCE ST	
3.4 CITY-ST-ZIP	ORLANDO - FL 32807	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Juan Ortega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-98

Date

(407)281-0215
Daytime Phone #

CR2E037 (5/98)