FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # N06707

1. Corporation Name

FOX VALLEY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4103 SE 18th PLACE CAPE CORAL, FL 33904	2508 SW 45th STREET CAPE CORAL, FL 33914-6104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/18/1984
3a. Date of Last Report: 4/30/94
4. FEI Number: 65-0024057 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SCHMIDT, ERWIN E.
2508 SW 45th STREET
CAPE CORAL, FL 33914-6104

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☐ Change ☐ Addition
NAME	Schmidt, Erwin E.	12 NAME	
STREET ADDRESS	2508 SW 45th STREET	13 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33914	14 CITY-ST-ZIP	
TITLE	S/T/D	21 TITLE	☐ Change ☐ Addition
NAME	Schmidt, K.Joan Cole	22 NAME	600001485226
STREET ADDRESS	2508 SW 45th STREET	23 STREET ADDRESS	-05/12/95--01018--017
CITY-ST-ZIP	Cape Coral, FL 33914-6104	24 CITY-ST-ZIP	****130.00 ****130.00
TITLE	V/D	31 TITLE	☐ Change ☐ Addition
NAME	LaTORRE, John	32 NAME	
STREET ADDRESS	4105 SE 18th Place	33 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	34 CITY-ST-ZIP	
TITLE	V/D	41 TITLE	☐ Change ☐ Addition
NAME	LaTORRE, Matilda	42 NAME	
STREET ADDRESS	4105 SE 19th Place	43 STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33904	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Erwin E. Schmidt 4-30-95 (813) 542-7511
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone Number

ERWIN E. SCHMIDT 04-30-95