

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06707 (6)

1. Corporation Name

FOX VALLEY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2508 SW 45TH ST
CAPE CORAL FL 33914
US

Mailing Address

2508 SW 45TH ST
CAPE CORAL FL 33914
US

3. Date Incorporated or Qualified
12/18/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4103 SE 18th PLACE

26 4103 SE 18th PLACE

4. FEI Number
65-0024057

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

23 CAPE CORAL, FL

28 CAPE CORAL, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

33904

LEE

33904

LEE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMIDT, ERWIN E.
2508 SW 45TH ST
CAPE CORAL FL 33904

81 Name

SCHMIDT, Erwin E.

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

4103 SE 18th PLACE

83

84 City

CAPE CORAL

FL

85 Zip Code
33904

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

Erwin E. Schmidt

ERWIN E. SCHMIDT

05/21/96
DATE

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHMIDT, ERWIN E.
STREET ADDRESS 2508 SW 45 ST
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE STD ☐ DELETE

NAME SCHMIDT, K. JOAN COLE
STREET ADDRESS 2508 SW 45TH STREET
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VD ☒ DELETE

NAME LA TORRE, JOHN
STREET ADDRESS 4105 S.E. 18TH PL
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VD ☒ DELETE

NAME LA TORRE, MATILDA
STREET ADDRESS 4105 S.E. 18TH PL
CITY-ST-ZIP CAPE CORAL FL 33904

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

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4103 SE 18th PLACE
1.4 CITY-ST-ZIP Cape Coral, FL 33904

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4103 SE 18th PLACE
2.4 CITY-ST-ZIP CAPE CORAL, FL 33904

☐ Change ☒ Addition

3.1 TITLE VD
3.2 NAME JONES, Clive
3.3 STREET ADDRESS 4105 SE 18th PLACE
3.4 CITY-ST-ZIP CAPE CORAL, FL 33904

☐ Change ☒ Addition

4.1 TITLE VD
4.2 NAME JONES, Janet
4.3 STREET ADDRESS 4103 SE 18th Place
4.4 CITY-ST-ZIP Cape Coral, FL 33904

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/21/96

Date:

(941) 542-7511

Daytime Phone #

CR2E037 (12/95)