FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N11488 (6)

1. Corporation Name

FOXRIDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
P O BOX 7102 ZEPHYRHILLS FL 33543 US	P O BOX 7102 ZEPHYRHILLS FL 33543 US

3. Date Incorporated or Qualified: 10/08/1985
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2750703 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KORUSEK, JERRY 4726 FOXWOOD BLVD ZEPHYRHILLS FL 33543	81 Name: Ronnie Thrower 82 Street Address (P.O. Box Number is Not Acceptable): 4708 Foxridge Blvd 83 84 City: Zephyrhills FL 85 Zip Code: 33543

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: Ronnie Thrower Ronnie Thrower PD — 4-28-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	P.D. ☒ Change ☐ Addition
NAME	KORUSEK, JERRY	1 2 NAME	Ronnie Thrower
STREET ADDRESS	4726 FOXWOOD BLVD	1 3 STREET ADDRESS	4708 Foxridge Blvd
CITY ST ZIP	ZEPHYRHILLS FL	1 4 CITY ST ZIP	Zephyrhills Fl 33543
TITLE	VPD	2 1 TITLE	☐ Change ☐ Addition
NAME	MCLEAN, RONACO	2 2 NAME	
STREET ADDRESS	32036 TALLY HO LN	2 3 STREET ADDRESS	
CITY ST ZIP	ZEPHYRHILLS FL	2 4 CITY ST ZIP	
TITLE	TD	3 1 TITLE	☐ Change ☐ Addition
NAME	LAFEVER, ELIZABETH	3 2 NAME	
STREET ADDRESS	31515 CROSS CREEK LN	3 3 STREET ADDRESS	
CITY ST ZIP	ZEPHYRHILLS FL	3 4 CITY ST ZIP	
TITLE	SD	4 1 TITLE	SD ☒ Change ☐ Addition
NAME	KERR, MARTHA	4 2 NAME	HARP, Jeanette
STREET ADDRESS	4821 FOXWOOD BLVD	4 3 STREET ADDRESS	31537 Cross Creek Ln.
CITY ST ZIP	ZEPHYRHILLS FL	4 4 CITY ST ZIP	Zephyrhills, Fl.
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		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)(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: Ronnie Thrower Ronnie Thrower — 4-28-95 — (813)783.6443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0052438