


FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11488 (6)**  
1. Corporation Name  
**FOXTRIDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business <b>P O BOX 7102 ZEPHYRHILLS FL 33543 US</b>	Mailing Address <b>P O BOX 7102 ZEPHYRHILLS FL 33543 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>10/08/1985</b>	4. FEI Number <b>59-2750703</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**WRIGHT, KEVIN D  
3701 TACK DRIVE  
ZEPHYRHILLS FL 33543**

10. Name and Address of New Registered Agent	
81 Name <b>JUDY KIMBLE</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>4211 FOXWOOD BLVD</b>
83 City <b>ZEPHYRHILLS</b>	84 State <b>FL</b>
85 Zip Code <b>33543</b>	

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 *Judy Kimble* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	NAME <b>WRIGHT, KEVIN D</b>	1.1 TITLE <b>P / D / C</b>
STREET ADDRESS <b>3701 TACK DRIVE</b>	CITY-ST-ZIP <b>ZEPHYRHILLS FL</b>	1.2 NAME <b>JUDY KIMBLE</b>
		1.3 STREET ADDRESS <b>4211 FOXWOOD BLVD</b>
		1.4 CITY-ST-ZIP <b>ZEPHYRHILLS, FL 33543</b>
TITLE <b>VD</b>	NAME <b>CHATMON, OLLIE</b>	2.1 TITLE <b>V / D</b>
STREET ADDRESS <b>4707 FOXWOOD BLVD</b>	CITY-ST-ZIP <b>ZEPHYRHILLS FL</b>	2.2 NAME <b>CHARLES W KIMBLE</b>
		2.3 STREET ADDRESS <b>4211 FOXWOOD BLVD</b>
		2.4 CITY-ST-ZIP <b>ZEPHYRHILLS, FL 33543</b>
TITLE <b>TD</b>	NAME <b>LAFAVER, ELIZABETH</b>	3.1 TITLE <b>T / D</b>
STREET ADDRESS <b>31515 CROSS CREEK LN</b>	CITY-ST-ZIP <b>ZEPHYRHILLS FL</b>	3.2 NAME <b>LARRY JOHNSON</b>
		3.3 STREET ADDRESS <b>4133 FOXWOOD BLVD</b>
		3.4 CITY-ST-ZIP <b>ZEPHYRHILLS FL, 33543</b>
TITLE <b>SD</b>	NAME <b>HARP, JEANETTE</b>	4.1 TITLE <b>S / D</b>
STREET ADDRESS <b>31534 CROSS CREEK LANE</b>	CITY-ST-ZIP <b>ZEPHYRHILLS FL</b>	4.2 NAME <b>MADY SIDWELL</b>
		4.3 STREET ADDRESS <b>3410 STEEPLECHASE</b>
		4.4 CITY-ST-ZIP <b>ZEPHYRHILLS FL, 33543</b>
TITLE	NAME	5.1 TITLE
STREET ADDRESS		5.2 NAME
CITY-ST-ZIP		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE
STREET ADDRESS		6.2 NAME
CITY-ST-ZIP		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

1.1 TITLE <b>P / D / C</b>	1.2 NAME <b>JUDY KIMBLE</b>	1.3 STREET ADDRESS <b>4211 FOXWOOD BLVD</b>	1.4 CITY-ST-ZIP <b>ZEPHYRHILLS, FL 33543</b>
2.1 TITLE <b>V / D</b>	2.2 NAME <b>CHARLES W KIMBLE</b>	2.3 STREET ADDRESS <b>4211 FOXWOOD BLVD</b>	2.4 CITY-ST-ZIP <b>ZEPHYRHILLS, FL 33543</b>
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5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	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: *Mady Sidwell* February 5, 1998 813-887-8086

CR2E037 (10/97)