

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90009 025 ****61.25

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DOCUMENT # N11488

1. Corporation Name

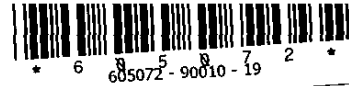
FOXTRIDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

P O BOX 7102
ZEPHYRHILLS FL 33543
US

Mailing Address

P O BOX 7102
ZEPHYRHILLS FL 33543
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/08/1985

4. FEI Number
59-2750703

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

9. Name and Address of Current Registered Agent

KIMBEL, JUDY
4211 FOXWOOD BLVD
ZEPHYRHILLS FL 33543

10. Name and Address of New Registered Agent

81 Name Jose E Perez Cassar

82 Street Address (P.O. Box Number is Not Acceptable)
4150 Foxwood Blvd

83

84 City Wesley Chapel

FL

85 Zip Code
33543

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 7/26/99

12. OFFICERS AND DIRECTORS

TITLE PDC ☐ DELETE
NAME KIMBLE, JUDY
STREET ADDRESS 4211 FOXWOOD BLVD
CITY-ST-ZIP ZEPHYRHILLS FL 33543

TITLE VD ☐ DELETE
NAME KIMBLE, CHARLES W
STREET ADDRESS 4211 FOXWOOD BLVD
CITY-ST-ZIP ZEPHYRHILLS FL 33543

TITLE TD ☐ DELETE
NAME JOHNSON, LARRY
STREET ADDRESS 4133 FOXWOOD BLVD
CITY-ST-ZIP ZEPHYRHILLS FL 33543

TITLE SD ☐ DELETE
NAME SIDWELL, MADY
STREET ADDRESS 3410 STEEPLECHASE
CITY-ST-ZIP ZEPHYRHILLS FL 33543

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

1.1 TITLE PDC ☒ Change ☐ Addition
1.2 NAME Jose Perez Cassar
1.3 STREET ADDRESS 4150 Foxwood Blvd
1.4 CITY-ST-ZIP Wesley Chapel FL 33543

2.1 TITLE Vacant ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME Johnson, Larry A
3.3 STREET ADDRESS 4133 Foxwood Blvd
3.4 CITY-ST-ZIP Wesley Chapel FL 33543

4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME Johnson, Sher
4.3 STREET ADDRESS 4133 Foxwood Blvd
4.4 CITY-ST-ZIP Wesley Chapel FL 33543

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

6.1 TITLE ☐ Change ☐ 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)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99

Daytime Phone #

813-779 1581

CR2E037 (5/99)