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

## DOCUMENT # N11488

1. Corporation Name

## FOXRIDGE SUBDIVISION HOMEOWNERS ASSOCIATION, INC

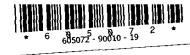
Principal Place of Busines
P O BOX 7102
ZEPHYRHILLS FL 33543
US

Mailing Address P O BOX 7102 ZEPHYRHILLS FL 33543

US

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

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





Sulle, Apt. #, etc.   27   Sulle, Apt. #, etc.   28   Spez750703   Spez750703   Spez Apt. #, etc.   28   Spez Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address		Date Incorporated or Qualifed     10/08/1985	·		
Second Content   Seco	21							
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City	<del>-</del>	#, etc.	<u>├</u>	,	59-2750703	\- <del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		
Secretificate of Status Deared   Fee Required   F	22			<del></del>		<del></del>		
Zip   Country   Zip   Country   6. Election Campaign Financing   \$5.00 May 8e   Addition   State   Addition   Added to Fees   Addition   Added to Fees   State   Addition   Added to Fees   Addition   Addition   Added to Fees   Addition   Addi	—¬ `	•	<u></u>	•	5. Certifcate of Status Desired			
S. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  8. Name and Addre		Country		Country	6 Flection Campaign Financing	\$5.00 May Be		
9. Name and Address of Current Registered Agent    State   Sta	···	<del></del>	<u>├</u>		1 - (1	, ,		
KIMBEL, JUDY 4211 FOXWOOD BLVD ZEPHYRHILLS FL 33543  11. Pursuant to the provisions of Section 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits that statement for the purces of changing its registered diffice or registered agency of both, by the State of Florida. Such change was authorized by the corporation's board of difficent registered agency of both, by the State of Florida. Such change was authorized by the corporation's board of difficent registered agency of both, by the State of Florida. Such change was authorized by the corporation's board of difficents. In the purcess of changing its registered agency of both, by the State of Florida. Such change was authorized by the corporation's board of difficents. In the purcess of the appointment as registered agency of priest among an application of the corporation's board of difficents. In the purcess of the appointment as registered agency of priest among an application of the corporation's board of difficents. In the purcess of the appointment as registered agency of priest among an application of the corporation's board of difficents. In the purcess of the appointment as registered agency of priest among an application of the corporation's board of difficents. In the purcess of the appointment as registered agency of priest among an application of the corporation's board of difficents. In the purcess of the appointment as registered agency of the purcess and the purcess of the appointment as registered agency. In the purcess and the purcess of the appointment as registered agency. In the purcess and the p					10. Name and Address of New Registered	Agent		
KIMBEL, JUDY 4211 FOXWOOD BLVD 22PHYRHILLS FL 33543  11. Pursuant to the provisionneys Settion 517.0502 and 517.1508, Florida Statutes, the above-named corporation submits this blatterent for the purpose of changing its registered agent. I am familiar with and accord the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this blatterent for the purpose of changing its registered agent. I am familiar with and accord the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of diverse. I hereby accord the appointment as registered agent. I am familiar with and accord the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of diverse. I hereby accord the appointment as registered agent. I am familiar with and accord the obligations of, Section 617.0503, Florida Statutes, agent ag				81 Name	Lari C Divine Case	·		
### Addition ### A	KIMBEL .	JUDY		92 Street A				
### PDC   DELETE   11TTLE   DELETE   21TTLE   21								
11. Pursuant to the provisions of Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or beful, righte 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 adjustons of Section 617.0503. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with adjustons of Section 617.0503. Florida Statutes.  12.	Tax					<u>-</u>		
TI. Pursuant to the provisionary Section 617.0502 and 617.1508. Florida Statutes, the above-named corporation shown that statement for the purpose of changing its registered agent, of both. If the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE  Signature from the purpose of changing its registered agent and for the purpose of change its registered agent and for the purpose of change its registered agent and for the purpose of change its registered agent and for the purpose of change is registered agent and for the purpose of change is registered agent and for the purpose of change is registered agent. The purpose of change is registered agent and for the purpose of change is registered agent. The purpose of purpose of change is registered agent. The purpose of change is registered agent. The purpose of purpose of change is registered agent. The purpose of purpose						95 Zin Code		
office or registered agent, of both, in the State of Florida. Such change was authorized by the corporation's board of director's. Thereby accept the appointment as registered agent and min and position of socious of 17.003, Florida Statutes.  SIGNATURE  Signature  12.				'		-   33543		
SIGNATURE    Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signature   Signa	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							
SIGNATURE SUMMUR. Typod or spiring name of neglectable. (NOTE: Registable Agent algorithms required when micritating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PDC STREET ADDRESS  4211 FOXWOOD BLVD STREET ADDRESS  4213 FOXWOOD BLVD STREET ADDRESS  4133 FOXWOOD BLVD STREET ADDRESS  4157 FOXWOOD BLVD STREET ADDRESS  4157 FOXWOOD BLVD STREET ADDRESS  5177-51-2P  DELETE  DELETE  DELETE  SD GRANG  Addition  Addition  ADDITIONS/CHANGES HORD HAD HAD HAD HAD HAD HAD HAD HAD HAD HA	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
12. OFFICERS AND DIRECTORS  TITLE  NAME  KIMBLE, JUDY  12. NAME  KIMBLE, JUDY  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  KIMBLE, JUDY  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  12. NAME  12. NAME  12. NAME  SIDWELL, MADY  4211 FOXWOOD BLVD  13. STREET ADDRESS  14. CTTY-ST-ZP  TITLE  10. DELETE  11. TITLE  12. NAME  13. STREET ADDRESS  11. S. C FOX WOOD BLVD  13. STREET ADDRESS  14. CTTY-ST-ZP  14. CTTY-ST-ZP  15. DELETE  17. TITLE  10. DELETE  13. TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CTTY-ST-ZP  15. DELETE  17. TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CTTY-ST-ZP  15. DELETE  17. TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CTTY-ST-ZP  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES IN 12  19. ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES IN 12  19. ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANG	SIGNATURE	X 4 benca	dd -		1136147			
TITLE PDC   DELETE   1.1TITLE   Jose Perez Carson   Addition   Addition   STREET ADDRESS   LIFE		Signature, typed or plinted name of registered agen	t and title if applicable. (NOTE: Regi		quired when reinstating) DATE  ADDITIONS/CHANCES TO DELICERS A	ND DIRECTORS IN 12		
NAME KIMBLE, JUDY STREET ADDRESS 4211 FOXWOOD BLVD CITY-ST-ZIP ZEPHYRHILLS FL 33543  TITLE VD DELETE 21TITLE VD VD STREET ADDRESS V15 G FOX WOOD BLVD 22 NAME VOL and VIMBLE, CHARLES W 4211 FOXWOOD BLVD 22 STREET ADDRESS V15 G FOX WOOD BLVD 22 STREET ADDRESS V16 G FOX WOOD BLVD 23 STREET ADDRESS V16 G FOX WOOD BLVD 23 STREET ADDRESS V16 G FOX WOOD BLVD 23 STREET ADDRESS V16 G FOX WOOD BLVD 24 CITY-ST-ZIP TO VOL and V16 G FOX WOOD BLVD V17 ST-ZIP V18 SD V18 STREET ADDRESS V18 STREET AD								
STREET ADDRESS   4211 FOXWOOD BLVD   13 STREET ADDRESS   14 CTV-ST-ZP   CPPHYRHILLS FL 33543   CTV-ST-ZP   CTV-S			DELETE	1	~ ~~~~~~~			
TITLE VD   DELETE   Change   Addition   NAME KIMBLE, CHARLES W   23 STREET ADDRESS   CITY-ST-ZIP   ZEPHYRHILLS FL 33543   24 CITY-ST-ZIP   TITLE   TD   DELETE   31 TITLE   NAME   JOHNSON, LARRY   32 NAME   33 STREET ADDRESS   CITY-ST-ZIP   ZEPHYRHILLS FL 33543   24 CITY-ST-ZIP   TITLE   TD   DELETE   31 TITLE   NAME   JOHNSON, LARRY   32 NAME   33 STREET ADDRESS   CITY-ST-ZIP   ZEPHYRHILLS FL 33543   DELETE   41 TITLE   NAME   SIDWELL, MADY   42 NAME   STREET ADDRESS   CITY-ST-ZIP   ZEPHYRHILLS FL 33543   CITY-ST-ZIP   ZEPHYRHILLS FL 33543   DELETE   43 TITLE   NAME   SIDWELL, MADY   42 NAME   STREET ADDRESS   44 CITY-ST-ZIP   TITLE   DELETE   S1 TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   ZEPHYRHILLS FL 33543   CITY-ST-ZIP   Change   Addition   Change   Change   Addition   Change	1	<u> </u>		1.2 NAME	JOSE FERENCION BIVE			
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NAME KIMBLE, CHARLES W  \$\$IRETADORESS   \$4211 FOXWOOD BLVD   \$23 \$IREETADORESS   \$24 \$CITY.\$T-ZP    \$70 \$ Change   Addition   \$10 \$ CITY.\$T-ZP    \$10 \$ CITY.\$T-ZP	CITY-ST-ZIP		C) DELETE		wested a saber 12	☐ Change ☐ Addition		
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CITY-ST-ZIP  ZEPHYRHILLS FL 33543  2 4 CITY-ST-ZIP  TITLE  TD  JOHNSON, LARRY  31 TITLE  JOHNSON, LARRY  4133 FOXWOOD BLVD  ZEPHYRHILLS FL 33543  CITY-ST-ZIP  ZEPHYRHILLS FL 33543  CITY-ST-ZIP  TITLE  SD  JOELETE  4.1 TITLE  SD  JOELETE  4.2 NAME  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  ZEPHYRHILLS FL 33543  TITLE  JOELETE  4.3 TITLE  JOELETE  4.4 CITY-ST-ZIP  WE SLEW Chapel FL 33543  WE SLEW Chapel FL 33543  WE SLEW Chapel FL 33543  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  TITLE  STREET ADDRESS  STREET	1							
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STREET ADDRESS   CITY-ST-ZIP   Change   Addition		· <del>-</del>	C Decere	3,11112	Johnson, Larry A.			
CITY-ST-ZIP  ZEPHYRHILLS FL 33543  34.CITY-ST-ZIP  Wesley Chapel FL 33543  TITLE  SD  NAME  SIDWELL, MADY  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  Wesley Chapel FL 33543  4.4 CITY-ST-ZIP  Wesley Chapel FL 33543  CHAPT-ST-ZIP  Change Addition  Addition  STREET ADDRESS  CITY-ST-ZIP  DELETE  DELETE  6.1 TITLE  NAME  6.3 STREET ADDRESS			ľ	3.2 NAME	4133 Forwood Blud			
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### ZEPHYRHILLS FL 33543  #### CITY-ST-ZIP    DELETE			C) DELLE	4.2 NAME	Johnson Sher	_ ·, <del>_</del>		
### ZEPHYRHILLS FL 33543  #### CITY-ST-ZIP  #### CHANGE		· · · · · · · · · · · · · · · · · · ·		A 2 STREET ANDRESS	4133 FORWOOD Blud			
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME           Addition           STREET ADDRESS                 CITY-ST-ZIP <td></td> <td></td> <td></td> <td>AACITY-ST-7IP</td> <td>wester chroel Fi 3354</td> <td>3</td>				AACITY-ST-7IP	wester chroel Fi 3354	3		
NAME		ELI 11111111ELO 1 E 00040	□ DELETE					
5.3 STREET ADDRESS								
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         G.1 TITLE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS         6.4 COV. ST. ZIP.				5.3 STREET ADDRESS				
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STREET ADDRESS 6.3 STREET ADDRESS 6.4 COV ST. 70			_	6.2 NAME				
C LOTY CT 7ID				6.3 STREET ADDRESS				
	CITY-ST-ZIP	•		6.4 CITY-ST-ZIP				

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 alternment with an address, with all other like empowered.

SIGNATURE:

CR2E037 (5/99)