

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90130 035 ****61.25

DOCUMENT # N14876

1. Corporation Name

FOXWOOD LAKE ESTATES SOCIAL CLUB, INC.

Principal Place of Business

% JOSEPH G. HERN. JR.
5300 S FLORIDA AVE P O BOX 5378
LAKELAND FL 33807-2378

Mailing Address

% JOSEPH G. HERN. JR.
5300 S FLORIDA AVE P O BOX 5378
LAKELAND FL 33807-2378



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/06/1986

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2384268

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, BERT
4444 US 98 NORTH #692
LAKELAND FL 33809

81 Name

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

83

84 City

FL

85 Zip Code

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 **BERT MARTIN - (DIRECTOR)**

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 **DP** ☒ DELETE
NAME **MARTIN, BERT**
STREET ADDRESS **5555 US 98 NORTH #98**
CITY-ST-ZIP **LAKELAND FL 33809**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **DON COLEMAN**
1.3 STREET ADDRESS **4444 US 98 NORTH #853**
1.4 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **DVP** ☒ DELETE
NAME **ROBERTS, SHARON**
STREET ADDRESS **4444 US 98 NORTH, #472**
CITY-ST-ZIP **LAKELAND FL 33809**

2.1 TITLE **DVP** ☒ Change ☐ Addition
2.2 NAME **WAYNE ALLEN**
2.3 STREET ADDRESS **4444 US 98 NORTH #476**
2.4 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **DS** ☒ DELETE
NAME **TRUDEN, KAY DECKER**
STREET ADDRESS **4444 US 98 NORTH #520**
CITY-ST-ZIP **LAKELAND FL 33809**

3.1 TITLE **DS** ☐ Change ☐ Addition
3.2 NAME **TRUDEN, KAY DECKER**
3.3 STREET ADDRESS **4444 US 98 NORTH #520**
3.4 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **DT** ☒ DELETE
NAME **CAMPIONE, DOLORES**
STREET ADDRESS **4444 US 98 NORTH #631**
CITY-ST-ZIP **LAKELAND FL 33809**

4.1 TITLE **DT** ☒ Change ☐ Addition
4.2 NAME **KEITH, SHIRLEY**
4.3 STREET ADDRESS **4444 US 98 NORTH #28**
4.4 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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)(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, with all other like empowered.

SIGNATURE: **BERTS MARTIN (DIRECTOR)**

3/24/99

Date

853-4758

Daytime Phone #

CR2E037 (11/98)