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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50979 (6)
 1. Corporation Name
FOXTREE EAST PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business PO BOX 237 HIGHLAND CITY FL 33846 US	Mailing Address PO BOX 237 HIGHLAND CITY FL 33846 US
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3. Date Incorporated or Qualified 09/21/1992		
4. FEI Number 59-3169944	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business P.O. Box 1771	22a. Mailing Address P.O. Box 1771
22. Suite, Apt. #, etc.	22b. Suite, Apt. #, etc.
23. City & State Lakeland, FL	23a. City & State Lakeland, FL
24. Zip 33846	24a. Country U.S.A.
25. Zip 33846	25a. Country USA

9. Name and Address of Current Registered Agent
**MARTIN, E. SNOW, JR.
 200 LAKE MORTON DRIVE
 LAKELAND FL 33801**

10. Name and Address of New Registered Agent

01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	05 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOFTIN, WILLIAM H.	1.2 NAME	Louise
STREET ADDRESS	5151 S. LAKELAND DR., STE 13	1.3 STREET ADDRESS	6573 Fox Tree Ln.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL. 33813
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, JOHN STEVEN	2.2 NAME	Herb Wyman
STREET ADDRESS	5151 S. LAKELAND DR. #13	2.3 STREET ADDRESS	6586 Fox Tree Lane
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL. 33813
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, OSCAR W., JR.	3.2 NAME	Deborah A. Whitaker
STREET ADDRESS	5431 U.S. 98 SOUTH	3.3 STREET ADDRESS	6519 Fox Tree Ln
CITY-ST-ZIP	HIGHLAND CITY FL	3.4 CITY-ST-ZIP	Lakeland, FL. 33813
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Jerry Hoff
STREET ADDRESS		4.3 STREET ADDRESS	6596 Fox Tree Lane
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lakeland, FL. 33813
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Wayne Pearson
STREET ADDRESS		5.3 STREET ADDRESS	6538 Fox Tree Ln.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Lakeland, FL. 33813
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Deborah A. Whitaker* **Deborah A. Whitaker** 1/9/98 941-299-1111

CR2E037 (10/97)