FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004646 (5)

1. Corporation Name

PEACHTREE AT FOX HOLLOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
c/o ADAM SMITH ENTERPRISES, INC. 43309 U.S. Hwy. 19 North Tarpon Springs, FL 34688-1608	c/o ADAM SMITH ENT. 43309 U.S. Hwy. 19 North Tarpon Springs, FL 34688-1608

3. Date Incorporated or Qualified: 09/20/1994
3a. Date of Last Report: 03/06/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3267232 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FORD, DAVID
c/o ADAM SMITH ENTERPRISES, INC.
43309 U.S. Hwy. 19, North
Tarpon Springs, FL 34688-1608

10. Name and Address of New Registered Agent

81 Name: FREDERICK REIMER
82 Street Address (P.O. Box Number is Not Acceptable): 4800 MILESTRETCH DRIVE
83
84 City: HOLIDAY **FL** 85 Zip Code: 34690

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: Frederick Reimer
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FRIEDLAND, LEW 43309 U.S. Hwy. 19, North Tarpon Springs, FL 34688-1608 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP Tibma ~~TIMBA,~~ PETER 3440 East Lake Road, Suite 106 Palm Harbor, FL 34685 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ALDRIDGE, DANIEL 43309 U.S. Hwy. 19, North Tarpon Springs, FL 34688-1608 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DVST EMERY, KENNETH 3440 East Lake Road, Suite 106 Palm Harbor, FL 34685 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FORD, DAVID 43309 U.S. Hwy. 19, North Tarpon Springs, FL 34688-1608 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	D CAMPBELL, MARY 3440 East Lake Road, Suite 106 Palm Harbor, FL 34685 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWEETNAM, BILL c/o 43309 U.S. Hwy. 19, North Tarpon Springs, FL 34688-1608 ☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	100001004281 -05/02/96--01013--025 ***61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: PETER G. TIBMA 1-24-96 8137865585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT