

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

**MAJESTIC PROP MGMT
4800 MILE STRETCH
HOLIDAY FL 34690**

**MAJESTIC PROP MGMT
4800 MILE STRETCH
HOLIDAY FL 34690**

3. Date Incorporated or Qualified

09/20/1994

4. FEI Number

59-3267232

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REIMER, FREDERICK
4800 MILE STRETCH DR.
HOLIDAY FL 34690**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **TIBMA, PETER**
STREET ADDRESS **3440 E. LAKE RD STE 106**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **VD** ☐ DELETE
NAME **EMERY, KENNETH**
STREET ADDRESS **3440 E LAKE RD. STE 106**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **D** ☒ DELETE
NAME **SNICHER, BOB**
STREET ADDRESS **3440 EAST LAKE ROAD SUITE 106**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ☒ 2

1.1 TITLE **SD** ☐ Change ☒ Addition
1.2 NAME **Krebbs, Gina**
1.3 STREET ADDRESS **3440 E. Lake Rd, Ste 106**
1.4 CITY-ST-ZIP **Palm Harbor, FL 34685**

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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)(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

[Signature] President *[Signature]* At Large

CP2E037 (10/97)