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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N94000004646**

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 09/20/1994

4. FEI Number: 59-3267232 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

REIMER, FREDERICK
4800 MILE STRETCH DR.
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name: Peter TIBMA

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

83: 4800 Mile Stretch Drive, 2nd, Ste.

84 City: HOLIDAY FL 85 Zip Code: 346.90

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: President — 03/03/98
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	1.1 TITLE		☐ Change ☐ Addition
NAME	TIBMA, PETER		1.2 NAME		
STREET ADDRESS	3440 E. LAKE RD STE 106		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EMERY, KENNETH		2.2 NAME		
STREET ADDRESS	3440 E LAKE RD. STE 106		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	Bob Sincher	☒ Change ☐ Addition
NAME	KREBBS, GINA		3.2 NAME	4800 Mile Dtretch Drive	
STREET ADDRESS	3440 E LAKE RD, #106		3.3 STREET ADDRESS	Holiday Fl 34690	
CITY-ST-ZIP	PALM HARBOR FL 34685		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED — President — 03/03/98 — (727) 786-5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #