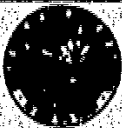


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

95 APR 19 AM 8:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000004748 (9)
1. Corporation Name FOXBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 3728 NORTH MAIN STREET GAINESVILLE FL 32609	Mailing Address 3728 NORTH MAIN STREET GAINESVILLE FL 32609
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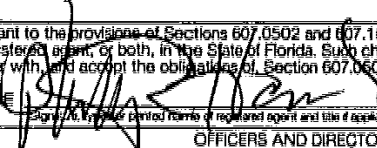
3. Date Incorporated or Qualified 09/28/1994	3a. Date of Last Report
4. FEI Number 59-3283166	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. 5098 N.W. 143rd. St.	26. 3728 N Main St.
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Gainesville, = =Fl.	28. City & State Gainesville, Fl.
24. Zip 32606	25. Country Atachua
29. Zip 32609	30. Country Atachua

9. Name and Address of Current Registered Agent HAWLEY, PHILLIP L 3728 NORTH MAIN STREET GAINESVILLE FL 32609
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10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE  **DATE** **4/17/95**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	1.1 TITLE ☐ Change ☐ Addition
NAME HAWLEY, PHILLIP L	1.2 NAME
STREET ADDRESS 3728 NORTH MAIN STREET	1.3 STREET ADDRESS
CITY-ST-ZIP GAINESVILLE FL 32609	1.4 CITY-ST-ZIP
TITLE D	2.1 TITLE ☐ Change ☐ Addition
NAME HAWLEY, JANICE A	2.2 NAME
STREET ADDRESS 3728 NORTH MAIN STREET	2.3 STREET ADDRESS
CITY-ST-ZIP GAINESVILLE FL 32609	2.4 CITY-ST-ZIP
TITLE D	3.1 TITLE ☐ Change ☐ Addition
NAME TAYLOR, KRISTI	3.2 NAME
STREET ADDRESS 13704 N.W. 19TH PLACE	3.3 STREET ADDRESS
CITY-ST-ZIP GAINESVILLE FL 32608	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE ☐ Change ☐ Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE ☐ Change ☐ Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE ☐ Change ☐ Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **DATE** **4/17/95** **Daytime Phone #** **577-7602**