FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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

FOXRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3728 NORTH MAIN STREET GAINESVILLE FL 32609	3728 NORTH MAIN STREET GAINESVILLE FL 32609

3. Date Incorporated or Qualified: 09/26/1994

3a. Date of Last Report:

4. FEI Number: 59-3283166 ☐ Applied For ☐ Not Applicable

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: Alachua	29 Zip: 32609 30 Country: Alachua

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

9. Name and Address of Current Registered Agent

HAWLEY, PHILLIP L
3728 NORTH MAIN STREET
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

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 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 607.0505, Florida Statutes.

SIGNATURE: Phillip L Hawley 4/17/95

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	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 32606	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 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: Phillip L Hawley 4/17/95 377-7600

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

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