

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 # N94000004748 (9)

1. Corporation Name

FOXTRIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5098 NW 143RD ST
GAINESVILLE FL 32606
US

3728 N MAIN ST
GAINESVILLE FL 32609
US

3. Date Incorporated or Qualified

09/26/1994

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 26 5098 N.W. 143rd Street

4. FEI Number 59-3283166

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 28 Gainesville, FL

Zip

Country

Zip

Country

24 25 29 30 32606 US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWLEY, PHILLIP L
3728 NORTH MAIN STREET
GAINESVILLE FL 32609

81 Name

James E. LeBlanc

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

14604 N.W. 50th Place

83

84 City

Gainesville

FL

85 Zip Code

32606

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

1/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

11 TITLE D/President ☒ Change ☐ Addition

NAME HAWLEY, PHILLIP L
STREET ADDRESS 3728 NORTH MAIN STREET
CITY-ST-ZIP GAINESVILLE FL 32609

12 NAME James E. LeBlanc
13 STREET ADDRESS 14604 N.W. 50th Place
14 CITY-ST-ZIP Gainesville, FL 32606

TITLE D ☒ DELETE

21 TITLE D/Vice President ☒ Change ☐ Addition

NAME HAWLEY, JANICE A
STREET ADDRESS 3728 NORTH MAIN STREET
CITY-ST-ZIP GAINESVILLE FL 32609

22 NAME Jeff Dollinger
23 STREET ADDRESS 1 Southeast 1st Ave.
24 CITY-ST-ZIP Gainesville, FL 32601

TITLE D ☒ DELETE

31 TITLE D ☒ Change ☐ Addition

NAME TAYLOR, KRISTI
STREET ADDRESS 13704 N.W. 19TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32606

32 NAME George Barcus
33 STREET ADDRESS 50 Tarpon Circle
34 CITY-ST-ZIP Winter Springs, FL 32708

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date