

**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

**FOXRIDGE 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

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22

City & State

28 Gainesville, FL

23

Zip

Country

29 32606

30 US

4. FEI Number

59-3283166

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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

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 officer 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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAWLEY, PHILLIP L	
STREET ADDRESS	3728 NORTH MAIN STREET	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAWLEY, JANICE A	
STREET ADDRESS	3728 NORTH MAIN STREET	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, KRISTI	
STREET ADDRESS	13704 N.W. 19TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	James E. LeBlanc	
13 STREET ADDRESS	14604 N.W. 50th Place	
14 CITY-ST-ZIP	Gainesville, FL 32606	
21 TITLE	D/Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jeff Dollinger	
23 STREET ADDRESS	1 Southeast 1st Ave.	
24 CITY-ST-ZIP	Gainesville, FL 32601	
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D/Sec./Trea.	
33 STREET ADDRESS	George Barcus	
34 CITY-ST-ZIP	50 Tarpon Circle Winter Springs, FL 32708	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an attachment with an address.

SIGNATURE:

*[Signature]* President

1/25/96

352-3737904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)