

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001520 (4)**

1. Corporation Name

FOX MEADOW ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business		Mailing Address	
5870 WEST FOX LANE CRYSTAL RIVER FL 34429		5870 WEST FOX LANE CRYSTAL RIVER FL 34429	
<i>Dorothy A. Fox</i>		<i>5870 W. Fox Lane</i>	
2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 <i>Capital River 21.</i>	27 <i>Capital River 21.</i>		
23 City & State	28 City & State		
24 <i>Crystal River 21.</i>	29 <i>Crystal River 21.</i>		
25 Zip	30 Country		
24 <i>34429</i>	25 <i>USA</i>		
29 <i>34429</i>	30 <i>USA</i>		

3. Date Incorporated or Qualified	
04/12/1995	
4. FEI Number	Applied For
65-0579576	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
BLACKSTONE, J. MICHAEL 7855 WEST GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	86 Zip Code

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85	86 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, DOROTHY A	1.2 NAME	
STREET ADDRESS	5870 W FOX LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, FRANCES	2.2 NAME	
STREET ADDRESS	6115 W. CRAFT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMASSA FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, JAMES	3.2 NAME	
STREET ADDRESS	800 N. FOX MEADOW TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Dorothy A. Fox* **3/10/98 352,795.4384**

CR2E037 (10/97)