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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

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1. Corporation Name

FOX MEADOW ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O DOROTHY A FOX
5870 W FOX LANE
CRYSTAL RIVER FL 34429

Mailing Address

5870 WEST FOX LANE
CRYSTAL RIVER FL 34429



US
Dorothy A. Fox 5870 W. Fox Lane

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/12/1995

4. FEI Number

65-0579576

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

City & State

23 Crystal River, Fl.

City & State

28 Crystal River, Fl.

Zip

24 34429

Country

25 U.S.A.

Zip

29 34429

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BLACKSTONE, J. MICHAEL
7655 WEST GULF TO LAKE HIGHWAY
CRYSTAL RIVER FL 34429

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 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

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME FOX, DOROTHY A
STREET ADDRESS 5870 W FOX LANE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE T ☐ DELETE

NAME JOHNSON, FRANCES
STREET ADDRESS 6115 W. CRAFT LANE
CITY-ST-ZIP HOMASSA FL

TITLE T ☐ DELETE

NAME WILLIS, JAMES
STREET ADDRESS 800 N. FOX MEADOW TERRACE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: *Dorothy A. Fox* SIGNATURE REQUIRED

1/27/99 352.795.4384

CR2E037 (11/98)