

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90037 044 ****61.25

DOCUMENT # **N95000001520**

1. Entity Name

FOX MEADOW ESTATES Homeowners Associa

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

90 Dorothy A Foy

3. Mailing Address

Suite, Apt. #, etc.

5870 W. Fox LN.

Suite, Apt. #, etc.

5870 W Fox LN.

City & State

CRYSTAL RIVER FL.

City & State

CRYSTAL RIVER FL.

Zip

34429

Country

UNITED STATES

Zip

34429

Country

UNITED STATES

4. FEI Number

65-0579576

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BLACKSTONE J MICHAEL

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

7655 WEST GOLF TO LAKE HIGHWAY

City

CRYSTAL RIVER

FL

Zip Code

34429

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$81.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
Foy Dorothy Foy
5870 W. Fox LN.
CRYSTAL RIVER, FL 34429**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JOHNSON FRANCES
6115 W CRAFT LANE
NOMASSA FL.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WILLIS JAMES
200 N FOX MEADOW TERRACE
CRYSTAL RIVER FL 34429**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dorothy A. Foy**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

352 795-4384

Daytime Phone #

CR2E037B (12/01)