

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90076 023 \*\*\*\*61.25

**DOCUMENT # N95000001520**

**1. Entity Name**  
**FOX MEADOW ESTATES HOMEOWNERS ASSOCIATION, INC.**



**Principal Place of Business**

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

**Mailing Address**

**5870 WEST FOX LANE  
CRYSTAL RIVER FL 34429  
US**

**2. Principal Place of Business**

**3. Mailing Address**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**City & State**

**Zip**

**Country**

**Zip**

**Country**

**4. FEI Number 65-0579576**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing  
Trust Fund Contribution.**



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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PVST</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>FOX, DOROTHY A</b>	
<b>STREET ADDRESS</b>	<b>5870 W FOX LANE</b>	
<b>CITY-ST-ZIP</b>	<b>CRYSTAL RIVER FL 34429</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>JOHNSON, FRANCES</b>	
<b>STREET ADDRESS</b>	<b>6115 W. CRAFT LANE</b>	
<b>CITY-ST-ZIP</b>	<b>HOMASSA FL</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>WILLIS, JAMES</b>	
<b>STREET ADDRESS</b>	<b>800 N. FOX MEADOW TERRACE</b>	
<b>CITY-ST-ZIP</b>	<b>CRYSTAL RIVER FL 34429</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE: 0 Signature Required**

**11-27-03**

CR2E037 (10/02)