


FILE NOW: FILING FEE IS \$61.25

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Mar 19 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 # **N96000001592 (2)**
1. Corporation Name

FLORIDA FOX TROTTER ASSOCIATION, INC.



Principal Place of Business 7206 SPANISH TRAIL KEYSTONE HEIGHTS FL 32656	Mailing Address 7206 SPANISH TRAIL KEYSTONE HEIGHTS FL 32656
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3. Date Incorporated or Qualified 03/18/1996	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent MORRIS, JANICE 7206 SPANISH TRAIL KEYSTONE HEIGHTS FL 32656	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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: Janice Morris DATE: 3/14/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME HART, DON	1.1 TITLE	JIM WOODWARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 15530 NE HWY 315	CITY-ST-ZIP FT MCCOY FL 32134	1.2 NAME	4750 BLUE HERON
		1.3 STREET ADDRESS	DE LEON SPRINGS, FL, 32130
		1.4 CITY-ST-ZIP	
TITLE VP	NAME HALLGREN, WENDY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 16900 SE 272 CT	CITY-ST-ZIP UMATILLA FL 32784	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE S	NAME MORRIS, JANICE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7206 SPANISH TRAIL	CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE T	NAME MIKELSON, TERESA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3835 S CURRY ROAD	CITY-ST-ZIP ST AUGUSTINE FL 32092	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE D	NAME MITCHELL, ROY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P.O. BOX 326 N/A	CITY-ST-ZIP BARBERVILLE FL 32105	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME RUENHECK, KAREN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 639 SECOND AVE	CITY-ST-ZIP WINDERMERE FL 34786	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.

SIGNATURE: Janice Morris DATE: 3/14/98

CFR2037 (10/97)