

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004151

**FILED**  
**Apr 27, 2004**  
**Secretary of State****Entity Name:** FOX RUN HOMEOWNERS ASSOCIATION OF CRAWFORDVILLE, INC.**Current Principal Place of Business:**11 FOX RUN CIRCLE  
CRAWFORDVILLE, FL 32327**New Principal Place of Business:**98 FOX RUN CIRCLE  
CRAWFORDVILLE, FL 32327**Current Mailing Address:**11 FOX RUN CIRCLE  
CRAWFORDVILLE, FL 32327**New Mailing Address:**98 FOX RUN CIRCLE  
CRAWFORDVILLE, FL 32327**FEI Number:** 50-0002491**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**STEINKE, DONALD W  
11 FOX RUN CIRCLE  
CRAWFORDVILLE, FL 32327 US**Name and Address of New Registered Agent:**ANDERSEN, NEIL H  
98 FOX RUN CIRCLE  
CRAWFORDVILLE, FL 32327 US

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: NEIL H. ANDERSEN

04/27/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D/V ( ) Delete  
**Name:** LINVILLE, CHAD D  
**Address:** 229 FOX RUN CIR.  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**Title:** D/S ( ) Delete  
**Name:** CORNWELL, TAMMY  
**Address:** 5 FOX RUN CIRCLE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**Title:** D/P ( ) Delete  
**Name:** STEINKE, DONALD W  
**Address:** 11 FOX RUN CIRCLE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**Title:** D ( ) Delete  
**Name:** JUSTICE, EDDIE  
**Address:** 125 FOX RUN CIRCLE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**Title:** D ( ) Delete  
**Name:** BRUMBY, KERRIE  
**Address:** 51 FOX RUN CIRCLE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**Title:** D/T ( ) Delete  
**Name:** ANDERSEN, NEIL H  
**Address:** 98 FOX RUN CIRCLE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** LINVILLE, CHAD D  
**Address:** 229 FOX RUN CIR.  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**Title:** D (X) Change ( ) Addition  
**Name:** COOPER, MARGARET A  
**Address:** 252 FOX RUN CIRCLE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**Title:** D/P (X) Change ( ) Addition  
**Name:** WARD, RHONDA M  
**Address:** 98 FOX RUN CIRCLE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**Title:** D/V/P (X) Change ( ) Addition  
**Name:** JUSTICE, EDDIE  
**Address:** 125 FOX RUN CIRCLE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**Title:** D/S (X) Change ( ) Addition  
**Name:** BRUMBY, KERRIE  
**Address:** 51 FOX RUN CIRCLE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL H. ANDERSEN

D/T

04/27/2004

Electronic Signature of Signing Officer or Director

Date