

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

DOCUMENT # N02653 1. Entity Name FOXBOROUGH TOWNHOUSE ASSOCIATION, INC.		
Principal Place of Business 10179 VIXEN PLACE P. O. BOX 15067 PENSACOLA, FL 32514	Mailing Address 10179 VIXEN PLACE P. O. BOX 15067 PENSACOLA, FL 32514	
DO NOT WRITE IN THIS SPACE		

FILED
Apr 23, 2004 08:00 AM
Secretary of State



04122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2460587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DESTWOLINSKA, ADELBERT 10179 VIXEN PLACE PENSACOLA, FL 32514

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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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000126331 04/23/04-80029-019 61.25
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	GANEY, CATHY
STREET ADDRESS	1315 FOXBOROUGH DR
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	P
NAME	SVOBODA, PAULA
STREET ADDRESS	1316 FOXBOROUGH DR
CITY-ST-ZIP	PENSACOLA, FL
TITLE	STD
NAME	DE STWOLINSKA, ADELBERT
STREET ADDRESS	10179 VIXEN PLACE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	RUTTAN, AL
STREET ADDRESS	1322 FOXBOROUGH DR
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	SCHUSTER, CLAIR
STREET ADDRESS	1320 FOXBOROUGH DR
CITY-ST-ZIP	PENSACOLA, FL 32514
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *De Stwolinska* 4-19-04 (850) 477-428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #