


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90018 045 ****61.25

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		
2. Principal Place of Business 1316 FOXBOROUGH DRIVE Suite, Apt. #, etc. P.O. Box 15067 City & State PENSACOLA, FL Zip 32514		3. Mailing Address 1316 FOXBOROUGH DRIVE Suite, Apt. #, etc. P.O. Box 15067 City & State PENSACOLA, FL Zip 32514			
Country USA		Country USA		4. FEI Number 59-2460587	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DESTWOLINSKA, ADELBERT 10179 VIXEN PLACE PENSACOLA, FL 32514			7. Name and Address of New Registered Agent Name PAULA SVOBODA Street Address (P.O. Box Number is Not Acceptable) 1316 FOXBOROUGH DRIVE City PENSACOLA FL Zip Code 32514		
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 <u><i>Paula Svo boda</i></u> 3-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANEY, CATHY <input type="checkbox"/> Delete 1315 FOXBOROUGH DR PENSACOLA, FL 32514		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GANEY, KATHY 1315 FOXBOROUGH DRIVE PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SVOBODA, PAULA 1316 FOXBOROUGH DR PENSACOLA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SVOBODA, PAULA 1316 FOXBOROUGH DRIVE PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Delete DE STWOLINSKA, ADELBERT 10179 VIXEN PLACE PENSACOLA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RUTTAN, AL 1322 FOXBOROUGH DR PENSACOLA, FL 32514		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RUTTAN, AL 1322 FOXBOROUGH DRIVE PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHUSTER, CLAIR 1320 FOXBOROUGH DR PENSACOLA, FL 32514		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SCHUSTER, CLARA 1320 FOXBOROUGH DRIVE PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Paula Svo boda</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3-10-05</u> <small>Date</small>	