

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02653

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** FOXBOROUGH TOWNHOUSE ASSOCIATION, INC.

**Current Principal Place of Business:**

1322 FOXBOROUGH DRIVE  
P. O. BOX 15067  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

1322 FOXBOROUGH DRIVE  
P. O. BOX 15067  
PENSACOLA, FL 32514

**New Mailing Address:**

**FEI Number:** 59-2460587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUTTAN, AL  
1322 FOXBOROUGH DRIVE  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: GANEY, CATHY  
Address: 1315 FOXBOROUGH DR  
City-St-Zip: PENSACOLA, FL 32514

Title: PD ( ) Delete  
Name: RUTTAN, AL  
Address: 1322 FOXBOROUGH DR  
City-St-Zip: PENSACOLA, FL

Title: VPD ( ) Delete  
Name: SCHUSTER, CLARA  
Address: 1320 FOXBOROUGH DR  
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete  
Name: BECK, RICK  
Address: 9714 HOLLOWBROOK DR  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AL RUTTAN

PD

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date