

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90036 044 ****61.25

DOCUMENT # N29209		
1. Entity Name FOX RUN HOMEOWNERS' ASSOCIATION OF TAVARES, INC.		

40001757



01032005 Chg-NP CR2E037 (10/03)

Principal Place of Business P O BOX 555 TAVARES, FL 32778	Mailing Address P O BOX 555 TAVARES, FL 32778
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent WELKE, BRAIN J 531 N. BAY STREET EUSTIS, FL 32726		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, WILLIAM 3103 RAINBOW RD TAVARES, FL 32778 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD WOOD, BETTE 2855 MYAKKA RIVER RD TAVARES, FL 32778 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAUL MCQUISTON 3418 MANATEE RD TAVARES FL 32778 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHANAN, CHARLOTTE 2828 MANATEE RD. TAVARES, FL 32778 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GENE JOHNSON 3015 MYAKKA RD TAVARES FL 32778 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYSLETT, LOIS 501 SANTA FE RD. TAVARES, FL 32778 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLOYD OELKE 3323 MANATEE RD TAVARES FL 32778 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLSEN, WINNIE 513 FOX RUN BLVD TAVARES, FL 32778 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARLSSON, FRANK 3169 MANATEE RD TAVARES FL 32778 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD GUTBERLET, ROBERT 435 PEACE RD. TAVARES, FL 32778 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JULIA FROMKIN 3008 MANATEE RD TAVARES FL 32778 ☐ Change ☒ 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: Gene Johnson 1-10-05
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Gene Johnson