# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 24, 2009**
**Secretary of State**

DOCUMENT# N29209

**Entity Name:** FOX RUN HOMEOWNERS' ASSOCIATION OF TAVARES, INC.

**Current Principal Place of Business:**

440 FOX RUN BLVD
TAVARES, FL 32778

**New Principal Place of Business:**

**Current Mailing Address:**

440 FOX RUN BLVD
TAVARES, FL 32778

**New Mailing Address:**

**FEI Number: 59-2678093** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SCHROTH, DEREK
2149 AVE C
EUSTIS, FL 32726 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: PD ( ) Delete
Name: HOPE, NORMAN P
Address: 3221 MYAKKA RIVER RD
City-St-Zip: TAVARES, FL 32778

Title: V ( ) Delete
Name: SPRING, FRED
Address: 423 PEACE RD
City-St-Zip: TAVARES, FL 32775

Title: SD ( ) Delete
Name: HAYES, GERALDINE
Address: 3405 MYAKKA RIVER RD
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: KUSSMANN, LOYD
Address: 3128 MYAKKA RIVER RD
City-St-Zip: TAVARES, FL 32778

Title: TD ( ) Delete
Name: CARLSSON, FRANK
Address: 3109 MANATEE RD
City-St-Zip: TAVARES, FL 32778

Title: D ( ) Delete
Name: SINGLEY, NANCY
Address: 502 FOX RUN BLVD
City-St-Zip: TAVARES, FL 32778

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

Title: PD (X) Change ( ) Addition
Name: HOPE, NORMAN C
Address: 3221 MYAKKA RIVER RD
City-St-Zip: TAVARES, FL 32778

Title: VD (X) Change ( ) Addition
Name: SPRING, FRED
Address: 423 PEACE RD
City-St-Zip: TAVARES, FL 32775

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: NORMAN C HOPE P 01/24/2009

Electronic Signature of Signing Officer or Director — Date