2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2010
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
Name: HOPE, NORMAN C
Address: 3221 MYAKKA RIVER RD
City-St-Zip: TAVARES, FL 32778

Title: VD
Name: SPRING, FRED
Address: 423 PEACE RD
City-St-Zip: TAVARES, FL 32775

Title: D
Name: HAYES, GERALDINE
Address: 3405 MYAKKA RIVER RD
City-St-Zip: TAVARES, FL 32778

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

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

Title: SD
Name: BAIRD, CHUJCK
Address: 3558 MANATEE RD
City-St-Zip: TAVARES, FL 32778

I hereby 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 all other like empowered.

SIGNATURE: FRANK CARLSSON TD 01/09/2010

Electronic Signature of Signing Officer or Director Date