

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90706 001 \*\*\*\*61.25  
04-19-2004 90706 002 \*\*\*\*\*8.75

|   |                                 |   |  |   |  |
|---|---------------------------------|---|--|---|--|
| <b>DOCUMENT # 734488</b><br>1. Entity Name<br><b>FOX TRAIL PROPERTY OWNERS' ASSOCIATION, INC.</b>   |                                 |   |  |   |  |
| Principal Place of Business<br><b>P.O. BOX 211<br/>LOXAHATCHEE, FL 33470</b>  |                                 |   | Mailing Address<br><b>P.O. BOX 211<br/>LOXAHATCHEE, FL 33470</b> |   |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.   |  |   |  |
| City & State  |                                 | City & State  |  |   |  |
| Zip   | Country                         | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent   |                                 |   |  | 7. Name and Address of New Registered Agent   |  |
| <b>MATTALIANO, DEBBIE</b><br><b>905 CLYDES DALE DR</b><br><b>LOXAHATCHEE, FL 33470</b>  |                                 |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;">FL Zip Code</div> |  |
| 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>Debbie Mattaliano</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                 |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2004</b>   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |                                 |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                                 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10            |   |  |
| TITLE   | PD                              | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | SINCLAIR, MICHAEL               |   | NAME   |   |  |
| STREET ADDRESS  | 1216 ARABIAN DRIVE              |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LOXAHATCHEE, FL                 |   | CITY-ST-ZIP  |   |  |
| TITLE   | VPD                             | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | FERGUSON, THOMAS                |   | NAME   |   |  |
| STREET ADDRESS  | 17838 SHELAND LANE              |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LOXAHATCHEE, FL 33470           |   | CITY-ST-ZIP  |   |  |
| TITLE   | STD                             | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  | MATTALIANO, DEBBIE              |   | NAME   |   |  |
| STREET ADDRESS  | 905 CLYDESDALE DRIVE            |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LOXAHATCHEE, FL 33470           |   | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                                 |   | NAME   |   |  |
| STREET ADDRESS  |                                 |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                 |   | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                                 |   | NAME   |   |  |
| STREET ADDRESS  |                                 |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                 |   | CITY-ST-ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| NAME  |                                 |   | NAME   |   |  |
| STREET ADDRESS  |                                 |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                 |   | CITY-ST-ZIP  |   |  |
| 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>Debbie Mattaliano</i></u>  |                                 |   | 4-15-04 561.7907153<br>Date Daytime Phone #                      |   |  |