


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 22, 2005 08:00 AM  
Secretary of State

DOCUMENT # 737454 1. Entity Name FOX RUN PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 6372 197TH PL N JUPITER, FL 33458 US	Mailing Address 6372 197TH PL N JUPITER, FL 33458 US
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0023932	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONKLIN, CHERYL G  
6372 197TH PL N  
JUPITER, FL 33458

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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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROUTE, FOYE 6475 FOX RUN CIR JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, CARLTON 6431 FOX RUN CIRCLE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRUMWELL, ROBERT 6391 FOX RUN CIR JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONKLIN, CHERYL 6372 197TH PL N JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80164-023 61.25

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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: Cheryl G Conklin Cheryl G Conklin Treasurer 1/19/05 5617464750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #