## Mar 14, 2008 8:00 am 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT Secretary of State DOCUMENT #737454** 03-14-2008 90038 031 \*\*\*\*61.25 1. Entity Name FOX RUN PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 40040122 6372 197TH PL N 6372 197TH PL N JUPITER, FL 33458 JUPITER, FL 33458 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 6931 FOX RINCING 03102008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0023932 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CONKLIN, CHERYL G 6372 197TH PL N JUPITER, FL 33458 Up, ter 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filling Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE PD ☐ Detete TITLE ☐ Change ■ Addition TROUTE, FOYE NAME NAME STREET ADDRESS 6475 FOX RUN CIR STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ■ Addition LANG, WILLIAM NAME NAME 6372 FOX RUN CIRCLE STREET ADDRESS STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition BRUMWELL, ROBERT NAME NAME STREET ADDRESS 6391 FOX RUN CIR STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP Addition TITLE TD Delete TITLE ☐ Change mcDowell, Melinda CONKLIN, CHERYL NAME NAME STREET ADDRESS 6372 197TH PL N STREET ADDRESS 6431 FOXRUN CICLE CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MARKE 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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 561-747-9148

FILED