

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 734488

1. Entity Name
FOX TRAIL PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 211
LOXAHATCHEE, FL 33470**

Mailing Address
**P.O. BOX 211
LOXAHATCHEE, FL 33470**



04202008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2583893

Applied For
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATTALIANO, DEBBIE
905 CLYDES DALE DR
LOXAHATCHEE, FL 33470**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000930823
05/21/08-80124-011 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SINCLAIR, MICHAEL .
STREET ADDRESS	1216 ARABIAN DRIVE
CITY-ST-ZIP	LOXAHATCHEE, FL
TITLE	VPD
NAME	FERGUSON, THOMAS
STREET ADDRESS	17838 SHELAND LANE
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	STD
NAME	MATTALIANO, DEBBIE
STREET ADDRESS	905 CLYDESDALE DRIVE
CITY-ST-ZIP	LOXAHATCHEE, FL 33470

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IN THIS SPACE**

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

Date

Daytime Phone #