

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734488

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** FOX TRAIL PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

10719 SOUTHERN BLVD  
ROYAL PALM BEACH, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 211  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 59-2583893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MATTALIANO, DEBBIE A  
905 CLYDESDALE DR  
LOXAHATCHEE, FL 33470 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:** SINCLAIR, MICHAEL  
**Address:** 1216 ARABIAN DRIVE  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** VPD  
**Name:** FERGUSON, THOMAS  
**Address:** 17838 SHELAND LANE  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

**Title:** STD  
**Name:** MATTALIANO, DEBBIE  
**Address:** 905 CLYDESDALE DRIVE  
**City-St-Zip:** LOXAHATCHEE, FL 33470 US

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:** DEBBIE MATTALIANO

S/T

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date