

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90129 023 *****61.25

DOCUMENT # 734488

1. Entity Name

FOX TRAIL PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

**2994 JOG ROAD
SUITE B
LAKE WORTH FL 33467**

Mailing Address

**2994 JOG RD
GREENACRES FL 33467**

2. Principal Place of Business

P.O. Box 211

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 211

Suite, Apt. #, etc.

City & State

LOXAHATCHEE, FL

City & State

LOXAHATCHEE, FL

Zip

33470

Country

USA

Zip

33470

Country

USA

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

**GERRISH, SCOT
C/O CMC MANAGEMENT
2994 JOG ROAD SUITE B
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

Debbie Mattaliano

Street Address (P.O. Box Number is Not Acceptable)

905 CLYDESDALE DRIVE

City

Loxahatchee

FL

Zip Code

33470

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

Debbie Mattaliano

Debbie Mattaliano

04-14-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SINCLAIR, MICHAEL**
STREET ADDRESS **1216 ARABIAN DRIVE**
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **VPD** ☐ Delete
NAME **FERGUSON, THOMAS**
STREET ADDRESS **17838 SHELAND LANE**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **SD** ☐ Delete
NAME **MATTALIANO, DEBBIE**
STREET ADDRESS **905 CLYDESDALE DRIVE**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **TD** ☒ Delete
NAME **TYSON, BILL**
STREET ADDRESS **1030 CLYDESDALE DRIVE**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Michael J. Sindair

04-14-2003 **SLA TAB 2003**

CR2E037 (10/02)