

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734488

**Entity Name:** FOX TRAIL PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1464 CLYDESDALE DR  
LOXAHATCHEE, FL 33470**Current Mailing Address:**P.O. BOX 211  
LOXAHATCHEE, FL 33470**FEI Number:** 59-2583893**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARUE, CHRISTOPHER  
1464 CLYDESDALE DR  
LOXAHATCHEE, FL 33470 US*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:** CHRISTOPHER LARUE

04/10/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name LARUE, CHRISTOPHER  
Address 1464 CLYDESDALE DR.  
City-State-Zip: LOXAHATCHEE FL 33470

Title TREASURER  
Name MAISENBADHER, KIMBERLY  
Address PO BOX 211  
City-State-Zip: LOXAHATCHEE FL 33470

Title SECRETARY  
Name PREISER, KIMBERLY  
Address 1092 CLYDESDALE DRIVE  
City-State-Zip: LOXAHATCHEE FL 33470

Title VP  
Name VURNO, JENNIFER  
Address P.O. BOX 211  
City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR  
Name BROOKS, BONNIE  
Address 784 ARABIAN DRIVE  
City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR  
Name CONNOR, CARLA  
Address 1195 ARABIAN DRIVE  
City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR  
Name DESUTTER, CHRIS  
Address 1029 STALLION DRIVE  
City-State-Zip: LOXAHATCHEE FL 33470

Title DIRECTOR  
Name LEWIS, LISA  
Address 1153 ARABIAN DR.  
City-State-Zip: LOXAHATCHEE FL 33470

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*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:** CHRISTOPHER LARUE

PRESIDENT

04/10/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                 OLIVER, LISA  
Address               1897 STALLION DR.  
City-State-Zip:     LOXAHATCHEE FL 33470

Title                 DIRECTOR  
Name                 WILLIAMS, KATHLEEN  
Address               1525 STALLION DR.  
City-State-Zip:     LOXAHATCHEE FL 33470