

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763919

**Entity Name:** FOX VALLEY HOMEOWNERS ASSOC., INC.**Current Principal Place of Business:**48 FOX VALLEY DRIVE  
ORANGE PARK, FL 32073**Current Mailing Address:**48 FOX VALLEY DRIVE  
ORANGE PARK, FL 32073 US**FEI Number:** 59-2489880**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONROY, JOHN M  
48 FOX VALLEY DRIVE  
ORANGE PARK, FL 32073 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name HEWITT, TED  
Address 46 FOX VALLEY DR  
City-State-Zip: ORANGE PARK FL 32073

Title D/S  
Name DIFENDERFER, KAYE  
Address 85 FOX VALLEY DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title D  
Name LINDSEY, JEANNETTE  
Address 76 FOX VALLEY DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR  
Name STRATTON, JOHN  
Address 35 FOX VALLEY DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title VP/D  
Name LAYE, L.B.  
Address 31 FOX VALLEY DR  
City-State-Zip: ORANGE PARK FL 32073

Title T  
Name CONROY, JOHN  
Address 48 FOX VALLEY DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR  
Name LINDSEY, LANCE  
Address 76 FOX VALLEY DRIVE  
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR  
Name ZIEGLER, JUDY  
Address 25 FOX VALLEY DRIVE  
City-State-Zip: ORANGE PARK FL 32073

**Continues on page 2**

*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: JOHN CONROY****TREASURER****04/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                BROWN, PEG  
Address             63 FOX VALLEY DRIVE  
City-State-Zip:    ORANGE PARK FL 32073

Title                 DIRECTOR  
Name                MEEHAN, DEBRA  
Address             45 FOX VALLEY DRIVE  
City-State-Zip:    ORANGE PARK FL 32073