

2014 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 BURNS, ANN
Address 71 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 D
Name CHANDLER, GRAY
Address 30 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

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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: JOHN M. CONROY**TREASURER****03/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STRATTON, JOHN
Address 35 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