

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004151

Entity Name: FOX RUN HOMEOWNERS ASSOCIATION OF
CRAWFORDVILLE, INC.**Current Principal Place of Business:**184 FOXRUN CIRCLE
CRAWFORDVILLE, FL 32327**Current Mailing Address:**90 FOXRUN CIRCLE
CRAWFORDVILLE, FL 32327**FEI Number: 50-0002491****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POSEY, KURT
184 FOX RUN CIRCLE
CRAWFORDVILLE, FL 32327 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	D
Name	HART, KATIE
Address	190 FOX RUN CIRCLE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	D, VP
Name	ANDERSEN, NEIL
Address	98 FOX RUN CIRCLE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	DP
Name	POSEY, KURT
Address	184 FOX RUN CIRCLE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	D
Name	HAMPTON, JUDY
Address	187 FOX RUN CIRCLE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	DS
Name	CROSS, JUSTIN
Address	8 FOX RUN CIRCLE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	DT
Name	SMITH, CAROLYN
Address	90 FOX RUN CIRCLE
City-State-Zip:	CRAWFORDVILLE FL 32327

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: CAROLYN SMITH**TREASURER****04/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date