

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

DOCUMENT# N01000004151

**Entity Name:** FOX RUN HOMEOWNERS ASSOCIATION OF CRAWFORDVILLE, INC.**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC1212722739****Current Principal Place of Business:**98 FOX RUN CIRCLE  
CRAWFORDVILLE, FL 32327**Current Mailing Address:**98 FOX RUN CIRCLE  
CRAWFORDVILLE, FL 32327 US**FEI Number: 50-0002491****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ANDERSEN, NEIL H.  
98 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: NEIL H. ANDERSEN****03/03/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	MILLIGAN, KERRIE
Address	51 FOX RUN CIRCLE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	VP
Name	MITCHELL, MY
Address	202 FOX RUN CIRCLE
City-State-Zip:	CRAWFORDVILLE FL 32327

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

Title	TREASURER
Name	ANDERSEN, NEIL H.
Address	98 FOX RUN CIRCLE
City-State-Zip:	CRAWFORDVILLE FL 32327

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

Title	DIRECTOR
Name	JUSTIC, CHARLOTTE
Address	125 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: NEIL H. ANDERSEN****TREASURER****03/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date