

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Entity Name: FOX RUN HOMEOWNERS ASSOCIATION OF CRAWFORDVILLE, INC.**FILED**
Mar 06, 2014
Secretary of State
CC1109853297**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 32327Title D, VP
Name ANDERSEN, NEIL
Address 98 FOX RUN CIRCLE
City-State-Zip: CRAWFORDVILLE FL 32327Title DP
Name POSEY, KURT
Address 184 FOX RUN CIRCLE
City-State-Zip: CRAWFORDVILLE FL 32327Title D
Name HAMPTON, JUDY
Address 187 FOX RUN CIRCLE
City-State-Zip: CRAWFORDVILLE FL 32327Title DS
Name CROSS, JUSTIN
Address 8 FOX RUN CIRCLE
City-State-Zip: CRAWFORDVILLE FL 32327Title 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 F. SMITH**TREASURER****03/06/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date