

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22537

**Entity Name:** FOXBOROUGH FARMS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1531 LITCHEM RD  
APOPKA, FL 32712

**Current Mailing Address:**

1531 LITCHEM RD  
APOPKA, FL 32712 US

**FEI Number:** 59-2866668

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEFOLEY, BRIAN  
1531 LITCHEM RD  
APOPKA, FL 32712 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:** BRIAN J LEFOLEY

04/12/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAHN, CHUCK  
Address        1416 LITCHEM RD.  
City-State-Zip: APOPKA FL 32712

Title            TREASURER  
Name            LEFOLEY , BRIAN J  
Address        1531 LITCHEM RD  
City-State-Zip: APOPKA FL 32712

Title            VP  
Name            ZAGAR, SUSAN  
Address        1314 LAVANHAM CT  
City-State-Zip: APOPKA FL 32712

Title            SECRETARY  
Name            PEACOCK, ALECIA  
Address        1417 LITCHEM RD  
City-State-Zip: APOPKA FL 32712

Title            DIRECTOR  
Name            COCHRAN, WILLIAM  
Address        1506 LITCHEM RD  
City-State-Zip: APOPKA FL 32712

*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:** BRIAN LEFOLEY

**TREASURER**

04/12/2014

Electronic Signature of Signing Officer/Director Detail

Date