

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90082 038 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                            |                                                                                                                                  |                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # 726402</b><br>1. Entity Name<br>FOXWOOD CIVIC ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                            |                                                                                                                                  |  |                                                                              |
| Principal Place of Business<br>PO BOX 575<br>ORANGE PARK, FL 32073                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                            | Mailing Address<br>PO BOX 575<br>ORANGE PARK, FL 32073                                                                           |                                                                                   |                                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                            | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                        |                                                                                   |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                              |                                            | City & State                                                                                                                     |                                                                                   |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | Country                                    |                                                                                                                                  | Zip                                                                               |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              | Country                                    |                                                                                                                                  | 4. FEI Number<br>59-1862885                                                       |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              |                                            |                                                                                                                                  | Applied For<br>Not Applicable                                                     |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>CARPENTER, EMILY J<br>2559 FOXWOOD ROAD SOUTH<br>ORANGE PARK, FL 32073                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |                                                                              |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                              |                                            |                                                                                                                                  |                                                                                   |                                                                              |
| SIGNATURE <i>Emily Carpenter</i><br><small>Signature, typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                            | DATE <i>1/27/05</i><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                               |                                                                                   |                                                                              |
| Filing Fee is \$61.25<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                  |                                                                                   |                                                                              |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                            |                                                                                                                                  |                                                                                   |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                     |                                                                                   |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>CARPENTER, EMILY J<br>2559 FOXWOOD ROAD SOUTH<br>ORANGE PARK, FL 32073  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | Andy Bagley<br>2637 Sigma Ct.<br>Orange Park, FL 32073                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>BAGLEY, ANDY<br>2637 SLAMA COURT<br>ORANGE PARK, FL 32073              | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | Emily Carpenter<br>2559 Foxwood Rds.<br>Orange Park, FL 32073                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>FITZSIMMONS, MARY R<br>2469 FOXWOOD ROAD SOUTH<br>ORANGE PARK, FL 32073 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | Terry Everett<br>2558 Foxwood Rds<br>Orange Park, FL 32073                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>FANLIS, DONNA<br>2659 FOXWOOD ROAD SOUTH<br>ORANGE PARK, FL 32073       | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | Donna Francis<br>2659 Foxwood Rds.<br>Orange Park, FL 32073                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>BILLUPS, MORTON<br>2134 FOXWOOD COURT<br>ORANGE PARK, FL 32073          | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | —                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>FEDOROWICH, FRED<br>2170 FOXWOOD COURT<br>ORANGE PARK, FL 32073         | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                   | —                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                              |                                            |                                                                                                                                  |                                                                                   |                                                                              |
| SIGNATURE: <i>Emily Carpenter</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                            | DATE <i>1/26/05</i> (904) 264-9788<br><small>Date Daytime Phone #</small>                                                        |                                                                                   |                                                                              |