

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90037 046 ****61.25

DOCUMENT # 726402 1. Entity Name FOXWOOD CIVIC ASSOCIATION, INC.					
Principal Place of Business 2547 SIGMA COURT ORANGE PARK, FL 32073			Mailing Address PO BOX 575 ORANGE PARK, FL 32073		
2. Principal Place of Business - No P.O. Box # 2121 Kappa Court Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Orange Park, FL			City & State City & State		
Zip 32073			Zip Country		
4. FEI Number 59-1882885			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TABET, TAREK 2547 SIGMA COURT ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name RUTHERFORD, ED Street Address (P.O. Box Number is Not Acceptable) 2121 KAPPA COURT City ORANGE PARK FL Zip Code 32073		
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: <u>W. E. Rutherford</u> 4/10/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TABET, TAREK 2547 SIGMA COURT ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUTHERFORD, ED 2121 KAPPA COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEWELL, DORA 2029 EPSILON COURT ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUTSON, MARY ANN 2133 FOXWOOD RD ORANGE PARK, FL 32073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR HUSTON ← correct spelling <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSELY, JENNY 2202 FOXWOOD DRIVE ORANGE PARK, FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY EVERETT, TERRY 2558 FOXWOOD ROAD SOUTH ORANGE PARK, FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Dora Jewell</u> DORA Jewell <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/27/08</u> Daytime Phone # <u>904-355-5101</u>		

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