2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2009
Secretary of State

DOCUMENT# 739816

Entity Name: FOXRIDGE HOMEOWNERS AND CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

300 CROOKEDRIDGE CT
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

PO BOX 65815
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 59-2575310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KADEL, JOHN E
300 CROOKEDRIDGE CT
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PRESCOTT, SHON
Address: 2530 BOTTOMRIDGE DR
City-St-Zip: ORANGE PARK, FL 32065

Title: VD ( ) Delete
Name: MIDGETT, ROBERT
Address: 2530 BOTTOMRIDGE DR
City-St-Zip: ORANGE PARK, FL 32065

Title: SD ( ) Delete
Name: SNYDER, JUDY
Address: 2620 BOTTOMRIDGE DR
City-St-Zip: ORANGE PARK, FL 32065

Title: TD ( ) Delete
Name: KADEL, JOHN
Address: 300 CROOKEDRIDGE CT
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: MCDERMOTT, ROBERT
Address: 287 CROOKEDRIDGE CT.
City-St-Zip: ORANGE PARK, FL 32065

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN E. KADEL TD 02/15/2009

Electronic Signature of Signing Officer or Director — Date