


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 743896 1. Entity Name FOXMEADOW CIVIC ASSOCIATION, INC.	
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4260 SADDLEHORN TRAIL P.O. BOX 623 MIDDLEBURG, FL 32050-7623	Mailing Address 4260 SADDLEHORN TRAIL P.O. BOX 623 MIDDLEBURG, FL 32050-7623
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02072005 Chg-NP CR2E037 (10/03) Tk

4. FEI Number 59-3127228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POWELL, WILLIAM E 1130 SILVER SPUR CT MIDDLEBURG, FL 32068	Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, WILLIAM	NAME	
STREET ADDRESS	1130 SILVER SPUR CT	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, LORRY	NAME	300048060499
STREET ADDRESS	1237 WHIPSTICK TRL	STREET ADDRESS	03/09/05--01051--013 **\$61.25
CITY-ST-ZIP	MIDDLEBURG, FL 32068	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIPLEY, JONI	NAME	LANGLEY, LAYTON
STREET ADDRESS	4340 SADDLEHORN TR.	STREET ADDRESS	4241 Powderhorn Ct.
CITY-ST-ZIP	MIDDLEBURG, FL 32068	CITY-ST-ZIP	Middleburg FL 32068
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, JEAN C.	NAME	
STREET ADDRESS	4260 SADDLEHORN TRAIL	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG, FL 00000,	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, VIRGINIS	NAME	
STREET ADDRESS	4361 SADDLEHORN TR	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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  **William E. Powell** Feb. 28, 2005 904-291-1928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #