


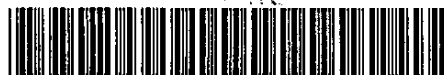
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90042 044 ****61.25

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

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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State
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4. FEI Number 59-3127228	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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POWELL, WILLIAM E 1130 SILVER SPUR CT MIDDLEBURG FL 32068		Name Street Address (P.O. Box Number is Not Acceptable) City	
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FL	Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	POWELL, WILLIAM	
STREET ADDRESS	1130 SILVER SPUR CT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, LORRY	
STREET ADDRESS	1237 WHIPSTICK TRL	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LANCLEY, LAYTON	
STREET ADDRESS	4241 POWDERHORN CT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAYNE, JEAN C	
STREET ADDRESS	4260 SADDLEHORN TRAIL	
CITY-ST-ZIP	MIDDLEBURG, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORGAN, VIRGINIS	
STREET ADDRESS	4361 SADDLEHORN TR	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SUTER, DIANE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4251 CARRIAGE CT,	
STREET ADDRESS	MIDDLEBURG, FL. 32068	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *William E Powell* William E Powell 2/2/06 904 291-1928