

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90006 046 \*\*\*\*61.25

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



Principal Place of Business Mailing Address  
**4260 SADDLEHORN TRAIL P.O. BOX 623 MIDDLEBURG FL 32050-7623**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)  
 4. FEI Number **59-3127228** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**POWELL, WILLIAM E**  
**1130 SILVER SPUR CT**  
**MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent  
 Name **RICHARD, RAYMOND**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1556 SURREY GLEN COVE**  
 City **MIDDLEBURG** FL Zip Code **32068**

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 *Raymond Richard* **RAYMOND RICHARD** **2/6/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**FILE NOW - FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	POWELL, WILLIAM	
STREET ADDRESS	1130 SILVER SPUR CT	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUTER, DIANE	
STREET ADDRESS	4251 CARRIAGE CT	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, RAYMOND	
STREET ADDRESS	1556 SURREY GLEN COVE	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
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		
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: *Raymond Richard* **RAYMOND RICHARD** **2/6/08**