2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State
05-09-2008 90005 024 ****61.25

DOCUMENT # 761507

1. Entity Name
FOX MEADOW HOME OWNERS ASSOCIATION OF OCALA, INC

Principal Place of Business	Mailing Address
2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779-5044 US	P.O. BOX 2495 OCALA, FL 34478 US

04212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
25 E SILVER SPRINGS	25 E. Silver Springs
Suite, Apt. #, etc. BLVD	Suite, Apt. #, etc. Blvd.
City & State: OCALA, FL	City & State: Ocala, Florida
Zip: 34470 Country: USA	Zip: 34470 Country: USA

4. FEI Number 59-2190414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KENNETH KIRKMATRICK 2605 SW 33RD. STREET BLGD. #200 OCALA, FL 34474	Name: Bosshardt Property Mgmt, Inc Street Address (P.O. Box Number is Not Acceptable): 25 E. Silver Springs Blvd City: Ocala FL Zip Code: 34470

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: Garry H. Griffin GARRY H. GRIFFIN 4-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D STECK, PEGGY 1616 NE 38TH TERR OCALA, FL 34470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARMEN, SMITH 3709 NE 17 STREET OCALA, FL 34470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AVALON, KATHI 3808 NE 17 ST. OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOMBASSEI, BARBARA 1606 NE 36 CT OCALA, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANCE, VALERI 3709 NE 16TH PLACE OCALA, FL 34470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EPENSHIA, JOAN 3706 NE 16 PLACE OCALA, FL 34470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEHMAN, PAT 1604 NE 38 TERR. OCALA, FL 34470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILSTEAD, JEAN 3715 NE 16 PLACE OCALA, FL 34470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D GIRARD, LONETTA 3811 NE 17TH ST. OCALA, FL 34470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Kathi L Avalon 5/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #