2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 761507

Entity Name: FOX MEADOW HOME OWNERS ASSOCIATION OF OCALA, INC

Current Principal Place of Business:

25 E SILVER SPRINGS BLVD
OCALA, FL 34470 US

New Principal Place of Business:

2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34470 US

Current Mailing Address:

25 E SILVER SPRINGS BLVD
OCALA, FL 34470 US

New Mailing Address:

2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34470 US

FEI Number: 59-2190414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOSSHARDT PROPERTY MGMT INC
25 E SILVER SPRINGS BLVD
OCALA, FL 34470 US

Name and Address of New Registered Agent:

BOSSHARDT PROPERTY MANAGEMENT, INC.
2123 SW 20TH PLACE
SUITE 102
OCALA, FL 34470 US

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: BOSSHARDT PROPERTY MANAGEMENT, INC. 01/13/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: BOMBASSET, BARBARA
Address: 1606 NE 36 CT
City-St-Zip: OCALA, FL

Title: SD ( ) Delete
Name: AVALON, KATHI
Address: 3808 NE 17 ST.
City-St-Zip: OCALA, FL 34470

Title: PD ( ) Delete
Name: CARMEN, SMITH
Address: 3709 NE 17 ST
City-St-Zip: OCALA, FL 34470

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BOMBASSET, BARBARA
Address: 1606 NE 36 CT
City-St-Zip: OCALA, FL

Title: S/T (X) Change ( ) Addition
Name: AVALON, KATHI
Address: 3808 NE 17 ST.
City-St-Zip: OCALA, FL 34470

Title: D (X) Change ( ) Addition
Name: FENNELL, JAMES
Address: 1606 NE 38TH TERRACE
City-St-Zip: OCALA, FL 34470

Title: D ( ) Change (X) Addition
Name: ESPENSHIP, JOAN
Address: 3706 NE 16TH PLACE
City-St-Zip: 34470, FL

Title: P ( ) Change (X) Addition
Name: PANCOAST, JO ANNE
Address: 3614 NE 16TH PLACE
City-St-Zip: OCALA, FL 34470

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: KATHI AVALON S/T 01/13/2009
Electronic Signature of Signing Officer or Director Date