


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90036 011 ****61.25

DOCUMENT # 763919 1. Entity Name FOX VALLEY HOMEOWNERS ASSOC., INC.					
Principal Place of Business 48 FOX VALLEY DRIVE ORANGE PARK, FL 32073 US			Mailing Address 48 FOX VALLEY DRIVE ORANGE PARK, FL 32073 US		
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	4. FEI Number 59-2489880	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TOLSON, JOHN F JR 462 KINGSLEY AVE., STE 101 ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name JOHN M. CONROY Street Address (P.O. Box Number is Not Acceptable) 48 FOX VALLEY DRIVE City ORANGE PARK FL Zip Code 32073	
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: <u><i>John M. Conroy</i></u> DATE: <u>2/14/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADLEY, JANE 16 FOX VALLEY DR ORANGE PARK, FL 32073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUDLOFF, WILL 54 FOX VALLEY DR. ORANGE PARK, FL 32073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, JAMES 84 FOX VALLEY DR ORANGE PARK, FL 32073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STIRLING, DAVID 65 FOX VALLEY DR ORANGE PARK, FL 32073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EVERETTE, ROSE 57 FOX VALLEY DR ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARY DEWITT 51 FOX VALLEY DRIVE ORANGE PARK, FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u><i>John M. Conroy</i></u> J.M. CONROY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/14/07</u> Daytime Phone #: <u>904-276-1893</u>		

ATTACHMENT

20004666

ATTACHMENT TO 2007 ANNUAL REPORT
DOCUMENT # 763919

The following REMAIN AS SHOWN:

Title	T
Name	Conroy, John
Street address	48 Fox Valley Drive
City, State, Zip	Orange Park, FL 32073

Title	D
Name	Powell, Ron
Street address	47 Fox Valley Drive
City, State, Zip	Orange Park, FL 32073

Title	D
Name	Foster, Waldo
Street address	40 Fox Valley Drive
City, State, Zip	Orange Park, FL 32073

Title	D
Name	Stratton, Jeanne
Street address	35 Fox Valley Drive
City, State, Zip	Orange Park, FL 32073

The following are to be DELETED:

Title	D
Name	Breault, Andre
Street address	64 Fox Valley Drive
City, State, Zip	Orange Park, FL 32073

The following are ADDITIONS:

Title	D/V
Name	Meadows, Lamar
Street address	56 Fox Valley Drive
City, State, Zip	Orange Park, FL 32073