


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90188 042 ****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		01112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2489880	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONROY, JOHN M 48 FOX VALLEY DRIVE ORANGE PARK, FL 32073				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (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. <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	P	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, JANE		NAME		
STREET ADDRESS	16 FOX VALLEY DR		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUDLOFF, WILL		NAME		
STREET ADDRESS	54 FOX VALLEY DR.		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORGAN, JAMES		NAME		
STREET ADDRESS	84 FOX VALLEY DR		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STIRLING, DAVID		NAME		
STREET ADDRESS	65 FOX VALLEY DR		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEWITT, MARY		NAME		
STREET ADDRESS	51 FOX VALLEY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	P/D LAMAR MEADOWS	
STREET ADDRESS			STREET ADDRESS	56 FOX VALLEY DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	ORANGE PARK, FL 32073	
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: <i>J.M. Conroy</i> J.M. CONROY			2/25/08 904-276-1893		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT 40036383

#763919

ATTACHMENT TO 2008 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 ADDITIONS:

Title	D
Name	Peg Brown
Street address	63 Fox Valley Drive
City, State, Zip	Orange Park, FL 32073

Title	D
Name	Gary Strauss
Street address	89 Fox Valley Drive
City, State, Zip	Orange Park, FL 32073