2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90304 048 ****61.25

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1. Entity Name
FOX RUN HOMEOWNERS ASSOCIATION OF CRAWFORDVILLE, INC.

20038752

03232005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
98 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327	98 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327

2. Principal Place of Business	3. Mailing Address
28 Fox Run Circle Suite, Apt. #, etc.	28 Fox Run Circle Suite, Apt. #, etc.
City & State: Crawfordville FL	City & State: Crawfordville, FL
Zip: 32327 Country: Wakulla	Zip: 32327 Country: Wakulla

4. FEI Number 50-0002491 ☐ 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
ANDERSEN, NEIL H 98 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327	Name: James Cribbs Street Address (P.O. Box Number is Not Acceptable): 28 Fox Run Circle City: Crawfordville FL Zip Code: 32327

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: _____ James L. Cribbs 4/18/05
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, 2005

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	D LINVILLE, CHAD D 229 FOX RUN CIR. CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joel Casto 205 Fox Run Circle Crawfordville, FL 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COOPER, MARGARET A 252 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sandi DeRoss 152 Fox Run Circle Crawfordville, FL 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P WARD, RHONDA M 98 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P James Cribbs 28 Fox Run Circle Crawfordville, FL 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP JUSTICE, EDDIE 125 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP Kurt Posey 184 Fox Run Circle Crawfordville, FL 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S BRUMBY, KERRIE 51 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Rhonda Ward 78 Fox Run Circle Crawfordville, FL 32327	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T ANDERSEN, NEIL H 98 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T CAROLYN Smith 90 Fox Run Circle Crawfordville, FL 32327	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ James L. Cribbs 4/18/05 850 519-5878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #