

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90129 030 \*\*\*\*61.25

<b>DOCUMENT # N01000004151</b> 1. Entity Name <b>FOX RUN HOMEOWNERS ASSOCIATION OF CRAWFORDVILLE, INC.</b>																																																																																																							
Principal Place of Business <b>28 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327</b>		Mailing Address <b>28 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327</b>																																																																																																					
2. Principal Place of Business <b>184 Fox Run Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>184 Fox Run Circle</b> Suite, Apt. #, etc.																																																																																																					
City & State <b>Crawfordville FL</b> Zip <b>32327</b>		City & State <b>Crawfordville FL</b> Zip <b>32327</b>																																																																																																					
Country <b>Wakulla</b>		Country <b>Wakulla</b>																																																																																																					
4. FEI Number <b>50-0002491</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																																																																																					
6. Name and Address of Current Registered Agent  <b>CRIBBS, JAMES 28 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327</b>		7. Name and Address of New Registered Agent Name <b>Kurt Posey</b> Street Address (P.O. Box Number is Not Acceptable) <b>184 Fox Run Circle</b> City <b>Crawfordville</b> FL Zip Code <b>32327</b>																																																																																																					
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>Kurt Posey</i></u> DATE: <u>4/11/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																																																																																							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																					
Make check payable to <b>Florida Department of State</b>																																																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D CASTO, JOEL 205 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D <input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DEROSS, SANDI</td> <td>NAME</td> <td>Chas Hornbaker</td> </tr> <tr> <td>STREET ADDRESS</td> <td>152 FOX RUN CIRCLE</td> <td>STREET ADDRESS</td> <td>66 Fox Run Circle</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE, FL 32327</td> <td>CITY-ST-ZIP</td> <td>Crawfordville, FL 32327</td> </tr> <tr> <td>TITLE</td> <td>D/P <input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CRIBBS, JAMES</td> <td>NAME</td> <td>Kurt Posey</td> </tr> <tr> <td>STREET ADDRESS</td> <td>28 FOX RUN CIRCLE</td> <td>STREET ADDRESS</td> <td>184 Fox Run Circle</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE, FL 32327</td> <td>CITY-ST-ZIP</td> <td>Crawfordville, FL 32327</td> </tr> <tr> <td>TITLE</td> <td>D/V <input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>POSEY, KURT</td> <td>NAME</td> <td>Steve Celeste</td> </tr> <tr> <td>STREET ADDRESS</td> <td>184 FOX RUN CIRCLE</td> <td>STREET ADDRESS</td> <td>51 Fox Run Circle</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE, FL 32327</td> <td>CITY-ST-ZIP</td> <td>Crawfordville, FL 32327</td> </tr> <tr> <td>TITLE</td> <td>D/S <input checked="" type="checkbox"/> Delete</td> <td>TITLE</td> <td>D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WARD, RHONDA</td> <td>NAME</td> <td>Seasha Rutledge</td> </tr> <tr> <td>STREET ADDRESS</td> <td>78 FOX RUN CIRCLE</td> <td>STREET ADDRESS</td> <td>164 Fox Run Circle</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE, FL 32327</td> <td>CITY-ST-ZIP</td> <td>Crawfordville, FL 32327</td> </tr> <tr> <td>TITLE</td> <td>D/T <input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td>SMITH, CAROLYN</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>90 FOX RUN CIRCLE</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CRAWFORDVILLE, FL 32327</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE	D CASTO, JOEL 205 FOX RUN CIRCLE CRAWFORDVILLE, FL 32327	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	DEROSS, SANDI	NAME	Chas Hornbaker	STREET ADDRESS	152 FOX RUN CIRCLE	STREET ADDRESS	66 Fox Run Circle	CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville, FL 32327	TITLE	D/P <input checked="" type="checkbox"/> Delete	TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	CRIBBS, JAMES	NAME	Kurt Posey	STREET ADDRESS	28 FOX RUN CIRCLE	STREET ADDRESS	184 Fox Run Circle	CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville, FL 32327	TITLE	D/V <input checked="" type="checkbox"/> Delete	TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	POSEY, KURT	NAME	Steve Celeste	STREET ADDRESS	184 FOX RUN CIRCLE	STREET ADDRESS	51 Fox Run Circle	CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville, FL 32327	TITLE	D/S <input checked="" type="checkbox"/> Delete	TITLE	D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	WARD, RHONDA	NAME	Seasha Rutledge	STREET ADDRESS	78 FOX RUN CIRCLE	STREET ADDRESS	164 Fox Run Circle	CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	Crawfordville, FL 32327	TITLE	D/T <input type="checkbox"/> Delete	TITLE		NAME	SMITH, CAROLYN	NAME		STREET ADDRESS	90 FOX RUN CIRCLE	STREET ADDRESS		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	
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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>Kurt Posey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/11/2006</u> (850) 926-2024																																																																																																					