2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

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Entity Name: FOX TAIL CREEK RESIDENTS' ASSOCIATION, INC.

Current Principal Place of Business:

9236 SPRING RUN BLVD.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

RAINBOW'S END PROPERTY MANAGEMENT
PMB 342 24600 S. TAMIAMI TR. #212
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 01-0564029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTASCUSA, JOSEPH J MANAGER
RAINBOW'S END PROPERTY MANAGEMENT CORP.
24600 S. TAMIAMI TR.
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	NOVAK, BONNI	
Address:	23411 FOXTAIL CREEK	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	VD	( ) Delete
Name:	SCHMELING, MARY J	
Address:	23340 FOXTAIL CREEK	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	PD	( ) Delete
Name:	RUDOLPH, JOSEPH	
Address:	23311 FOXTAIL CREEK CT	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	TD	( ) Delete
Name:	SMITH, CURTIS A	
Address:	23220 FOXTAIL CREEK CT	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	SD	( ) Delete
Name:	GERSON, LOWELL	
Address:	23211 FOXTAIL CREEK CT	
City-St-Zip:	BONITA SPRINGS, FL 34135	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: JOSEPH J. MASTASCUSA, CAM RA 04/08/2009

Electronic Signature of Signing Officer or Director — Date