

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009130

FILED
Jan 22, 2004
Secretary of State**Entity Name:** FOX RUN OWNERS GROUP, INC.**Current Principal Place of Business:**PO BOX 492
TAVARES, FL 32778**New Principal Place of Business:****Current Mailing Address:**PO BOX 492
TAVARES, FL 32778**New Mailing Address:****FEI Number:** 81-0584197**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JACKSON, JOHN M
432 KING WAY
TAVARES, FL 32778 US**Name and Address of New Registered Agent:**MCQUISTION, PAUL J
3418 MANATEE ROAD
TAVARES, FL 32778 US

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: PAUL J. MCQUISTION

01/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE CAUSEMACKER, GEORGE
Address: 3224 MANATEE RD
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: SPRING, JOANNE
Address: 423 PEACE RD
City-St-Zip: TAVARES, FL 32778

Title: T () Delete
Name: JACKSON, JOHN M
Address: 432 KING WAY
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: SMITH, PAUL
Address: 3554 MANATEE RD.
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: BURCHELL, DICK
Address: 3321 MYAKKA RIVER RD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: JOHNSON, PAT
Address: 3015 MYAKKA RIVER RD
City-St-Zip: TAVARES, FL 32778

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
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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 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 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: GEORGE DE CAUSEMACKER

P

01/22/2004

Electronic Signature of Signing Officer or Director

Date

D - MCQUISTION, PAUL J.
3418 MANATEE ROAD
TAVARES, FL 32778