2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 03, 2008
Secretary of State

DOCUMENT# N03000000122

Entity Name: FOX RIDGE ESTATES HOMEOWNERS ASSOCIATION OF MACCLENNY, INC.

Current Principal Place of Business:

5921 DEERCREEK LANE
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

5921 DEERCREEK LANE
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 20-1067663 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMBS, TIMOTHY L
59212 DEERCREEK LANE
MACCLENNY, FL 32063 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: P ( ) Delete
Name: COMBS, TIMOTHY L
Address: 5921 DEERCREEK LANE
City-St-Zip: MACCLENNY, FL 32063

Title: V ( ) Delete
Name: CANADAY, MITCHELL K
Address: 5921 DEERCREEK LANE
City-St-Zip: MACCLENNY, FL 32063

Title: S ( ) Delete
Name: COMBS, MELODY
Address: 5921 DEERCREEK LANE
City-St-Zip: MACCLENNY, FL 32063

Title: T ( ) Delete
Name: CANADAY, JERI
Address: 5921 DEERCREEK LANE
City-St-Zip: MACCLENNY, FL 32063

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: COMBS, TIMOTHY L
Address: 5921 DEERCREEK LANE
City-St-Zip: MACCLENNY, FL 32063

Title: D/V (X) Change ( ) Addition
Name: CANADAY, MITCHELL K
Address: 5921 DEERCREEK LANE
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Change ( ) Addition
Name: COMBS, MELODY
Address: 5921 DEERCREEK LANE
City-St-Zip: MACCLENNY, FL 32063

Title: D/T (X) Change ( ) Addition
Name: CANADAY, JERI
Address: 5921 DEERCREEK LANE
City-St-Zip: MACCLENNY, FL 32063

Title: S ( ) Change (X) Addition
Name: COLLINS, DENNIS G
Address: 512 SOUTH BLVD. EAST
City-St-Zip: MACCLENNY, FL 32063 US

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: TIMOTHY L. COMBS D/P 07/03/2008

Electronic Signature of Signing Officer or Director — Date