

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000122

FILED
Jan 22, 2009
Secretary of State

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:

1171 SOUTH 6TH STREET
MACCLENNY, FL 32063

Current Mailing Address:

5921 DEERCREEK LANE
MACCLENNY, FL 32063

New Mailing Address:

C/O COLLINS REALTY GROUP, INC.
P.O. BOX 716
MACCLENNY, FL 32063

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MCDONALD, MICHELE
Address: 633 FOX RUN CIRCLE
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Change () Addition
Name: RUDD, ALICE
Address: 929 RED FOX WAY
City-St-Zip: MACCLENNY, FL 32063

Title: D (X) Change () Addition
Name: RUIS, DONNA
Address: 930 RED FOX WAY
City-St-Zip: MACCLENNY, FL 32063

Title: S/T (X) Change () Addition
Name: COLLINS, DENNIS G
Address: P.O. BOX 716
City-St-Zip: MACCLENNY, FL 32063 US

Title: D/P () Change (X) Addition
Name: WOLD, JAMES
Address: 535 FOX RUN CIRCLE
City-St-Zip: MACCLENNY, FL 32063

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: DENNIS G. COLLINS

S/T

01/22/2009

Electronic Signature of Signing Officer or Director

Date