

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004566

FILED
Mar 30, 2006
Secretary of State

Entity Name: FOX WOOD OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 55-0831330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 W. SR 434, #5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: MATOVINA, GREGORY E
Address: 2955 HARTLEY ROAD, SUITE 108
City-St-Zip: JACKSONVILLE, FL 32257

Title: VTD () Delete
Name: BORSTEIN, DONALD K
Address: 2955 HARTLEY ROAD, SUITE 108
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD () Delete
Name: MAY, GINGER
Address: 2955 HARTLEY ROAD, SUITE 108
City-St-Zip: JACKSONVILLE, FL 32257

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THORPE, ALEX
Address: 8041 MISTY MEADOWS CT N
City-St-Zip: JACKSONVILLE, FL 32210

Title: VPD (X) Change () Addition
Name: GERONA, BOB
Address: 8001 FOXDALE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD (X) Change () Addition
Name: COULLIETTE, WESLEY
Address: 8074 MISTY MEADOWS CT N
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Change (X) Addition
Name: BETHEA, VALERIE
Address: 4135 MISTY MEADOWS CT
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Change (X) Addition
Name: SIMS, DAWN
Address: 8175 FOXDALE DR
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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: ALEX THORPE

PD

03/30/2006

Electronic Signature of Signing Officer or Director

Date