# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 13, 2007**
**Secretary of State**

DOCUMENT# N03000004566

**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: | THORPE, ALEX | |
| Address: | 8041 MISTY MEADOWS CT N | |
| City-St-Zip: | JACKSONVILLE, FL 32210 | |
| Title: | VPD | (X) Delete |
| Name: | GERONA, BOB | |
| Address: | 8001 FOXDALE DR | |
| City-St-Zip: | JACKSONVILLE, FL 32210 | |
| Title: | SD | ( ) Delete |
| Name: | COULLIETTE, WESLEY | |
| Address: | 8074 MISTY MEADOWS CT N | |
| City-St-Zip: | JACKSONVILLE, FL 32210 | |
| Title: | TD | ( ) Delete |
| Name: | BETHEA, VALERIE | |
| Address: | 4135 MISTY MEADOWS CT | |
| City-St-Zip: | JACKSONVILLE, FL 32210 | |
| Title: | D | ( ) Delete |
| Name: | SIMS, DAWN | |
| Address: | 8175 FOXDALE DR | |
| City-St-Zip: | JACKSONVILLE, FL 32210 | |

**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: | D | (X) Change ( ) Addition |
| Name: | THAGARD, LAURA | |
| Address: | 8158 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 03/13/2007

Electronic Signature of Signing Officer or Director — Date