


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000007442	
1. Entity Name FOX MEADOW HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 10108 FOX MEADOW TRAIL WINTER GARDEN, FL 34787	Mailing Address LELAND ARTHUR 10108 FOX MEADOW TRAIL WINTER GARDEN, FL 34787
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01242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2408096	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAWLEY, JAN 10119 FOX MEADOW TRAIL WINTER GARDEN, FL 34787

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STROSNIDER, JIMMY 10034 FOX MEADOW TRAIL WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAWLEY, JAN 10119 FOX MEADOW TRAIL WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARTHUR, LEE 10108 FOX MEADOW TRAIL WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, ERIC 10132 FOX MEADOW TRAIL OCOE, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STROSNIDER, JIMMY 10034 FOX MEADOW TRAIL WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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02/02/07-80059-008 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07

Date

407 832 2329

Daytime Phone #