


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90008 045 \*\*\*\*61.25

<b>DOCUMENT # N04000002224</b> 1. Entity Name <b>FOX HILL FARMS UNIT TWO HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>9456 PHILLIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256</b>		Mailing Address <b>9456 PHILLIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>5455 A1A South</b> Suite, Apt. #, etc.	
City & State _____		City & State <b>Saint Augustine, FL</b>	
Zip <b>32080</b>	Country <b>Saint Johns</b>	4. FEI Number <b>20-0810401</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>O'NEIL, CYNTHIA C/O MAY MANAGEMENT 5455 US HWY A1A SOUTH SAINT AUGUSTINE, FL 32080</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ZABOSKE, JOHN</b> <b>9456 PHILLIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>XXXXXXXXXXXXXXXXXXXX</del> <del>XXXXXXXXXXXXXXXXXXXX</del> <del>XXXXXXXXXXXXXXXXXXXX</del> <del>JACKSONVILLE, FL 32256</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>DEARING, MARK C</b> <b>9456 PHILLIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>DOAN, JAN</b> <b>9456 PHILLIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <b>Bethany Prov</b> <b>9456 Phillips Hwy, Ste. 1</b> <b>Jacksonville, FL 32256</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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01182007 Chg-NP CR2E037 (12/06)

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

Date

Daytime Phone #

2/14/07