2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000002224



FILED Jan 23, 2008 8:00 am Secretary of State 01-23-2008 90005 024 ****61.25

1. Entity Name FOX HILL FARMS UNIT TWO HOMEOWNERS ASSOCIATION, INC.									0 1 25 2 0			01.20
Principal Place of Business 9456 PHILLIPS HIGHWAY, SUITE 1 JACKSONVILLE, FL 32256			5455 F	Mailing Address 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080				4000	8452			
2. Principal P	Place of Busin	3. Mailin	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01072008	Chg-NP	CR2E	037 (12/06)		
City & State			City & State				4. FEI Numbe 20-081(1 1	oplied For	
Zip	p Country		Zip	Zip Co		untry	5. Certificate of Status		of Status Desired		\$8.75 Ad	ditional
	6. Name	and Address of Current	t Registered	Agent	••••			7. Name and	Address of New	Registered	Agent	
O'NEIL, CYNTHIA C/O MAY MANAGEMENT 5455 US HWY A1A SOUTH						Name Street Address (P.O. Box Number is Not Acceptable)						
SAINT AU	GUSTINE,	FL 32080										
						City				F	L Zip Cod	le
	named entity tions of regist	y submits this statement f ered agent.	or the purpos	e of changing its	registere	ed office or	register	ed agent, or both	h, in the State of F	florida. I an	n familiar with,	and accept
SIGNATURE Signature. Typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
SIGNATORE.	Signature, typed	or printed name of registered agen	t and little it applica	ble. (NOTE	: Registere	d Agent signatu	re required	when reinstating)		DATE		
SIGNATORE	Filing Fe	or printed name of registered agen e is \$61.25 lay 1, 2008	t and little it applica	9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees		Make che	ck payable t	
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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 AND TYPED OF

reasurer Date