

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90005 024 ****61.25

DOCUMENT # N04000002224

1. Entity Name
**FOX HILL FARMS UNIT TWO HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**9456 PHILLIPS HIGHWAY, SUITE 1
JACKSONVILLE, FL 32256**

Mailing Address
**5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080**

40008452



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-0810401

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'NEIL, CYNTHIA
C/O MAY MANAGEMENT
5455 US HWY A1A SOUTH
SAINT AUGUSTINE, FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZAKOSKE, JOHN	
STREET ADDRESS	9456 PHILLIPS HIGHWAY, SUITE 1	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DEARING, MARK C	
STREET ADDRESS	9456 PHILLIPS HIGHWAY, SUITE 1	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PNOV, BETHANY	
STREET ADDRESS	9456 PHILIPS HWY, STE 1	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEE ANN BEEBE	
STREET ADDRESS	2524 FOX CREEK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN MOORE	
STREET ADDRESS	2632 SPRINGWILLOW DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA BENNETT	
STREET ADDRESS	2757 FOX CREEK DRIVE E	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #