

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002224

FILED  
Mar 19, 2009  
Secretary of State

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

**Current Principal Place of Business:**

9456 PHILLIPS HIGHWAY, SUITE 1  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

12627 SAN JOSE BLVD  
SUITE 501  
JACKSONVILLE, FL 32223 US

**Current Mailing Address:**

5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

5455 A1A SOUTH  
SUITE 3  
ST. AUGUSTINE, FL 32080 US

FEI Number: 20-0810401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
SUITE 3  
ST. AUGUSTINE, FL 32080 US

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: ANNA MARKS

03/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BEEBE, DEE ANN  
Address: 2524 FOX CRK DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: VD ( ) Delete  
Name: MOORE, ALLEN  
Address: 2632 SPRINGWILLOW DR  
City-St-Zip: JACKSONVILLE, FL 32221

Title: T ( ) Delete  
Name: BENNETT, PATRICIA  
Address: 2967 FOX CRK DR E  
City-St-Zip: JACKSONVILLE, FL 32221

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COOK, CHERYL-ANN  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: VP (X) Change ( ) Addition  
Name: BROWN, JACQUELINE  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: T (X) Change ( ) Addition  
Name: BENNETT, PATRICIA  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA BENNETT

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03/19/2009

Electronic Signature of Signing Officer or Director

Date