

AMENDED
2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

04-26-2006 90208 027 *****61.25
 N04000011891

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 E, FLORIDA

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| DOCUMENT # N04000011891 | | | | | | |
| 1. Entity Name FOXBOROUGH OF LAKE COUNTY HOMEOWNERS ASSOCIATION, INC. | | | | | | |
| Principal Place of Business 306 NEBRASKA AVE LONGWOOD, FL 32750 | | | Mailing Address 306 NEBRASKA AVE LONGWOOD, FL 32750 | | | |
| 2. Principal Place of Business PMB 345 4250 Alafaya Tr. Suite, Apt. #, etc. 212 City & State Oviedo, FL Zip 32765 Country | | 3. Mailing Address PMB 345 4250 Alafaya Tr. Suite, Apt. #, etc. 212 City & State Oviedo, FL Zip 32765 Country | | | | |
| 4. FEI Number APPLIED FOR 20-3754051 | | Applied For <input type="checkbox"/> Not Applicable | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent KWIATKOWSKI, HARRY S 306 NEBRASKA AVE LONGWOOD, FL 32750 | | | 7. Name and Address of New Registered Agent Name Lily Burnside c/o Reliable Property Managers Street Address (P.O. Box Number is Not Acceptable) PMB 345 4250 Alafaya Tr., Suite 212 City Oviedo FL Zip Code 32765 | | | |
| 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 renewing.)</small> | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| Make check payable to: Florida Department of State | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP KWIATKOWSKI, HARRY S 306 NEBRASKA AVE LONGWOOD, FL 32750 | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 035/8 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DV GREENAWALT, TOM 1101 N KELLER ROAD SUITE F ORLANDO, FL 32810 | | <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 | DST SPENCE, KIMBERLY K 306 NEBRASKA AVE LONGWOOD, FL 32750 | | <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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| 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 | |
| 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 address, with all other like empowered. | | | | | | |
| SIGNATURE: | | | Date 4/3/06 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Daytime Phone #</small> 407 310 6282 | | | |