

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011891

FILED
Mar 18, 2009
Secretary of State

Entity Name: FOXBOROUGH OF LAKE COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-3754051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOTILLO, BARB
Address: 2321 FOXTREE RD
City-St-Zip: TAVARES, FL 32778

Title: VPD () Delete
Name: WELSCH, MIKE
Address: 2357 TEALWOOD CIR
City-St-Zip: TAVARES, FL 32778

Title: SD () Delete
Name: WARNER, BONNIE
Address: 2191 TEALWOOD CIR
City-St-Zip: TAVARES, FL 32778

Title: TD () Delete
Name: GALLIGAN, DARLENE
Address: 2363 FOXTREE RD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: BRADY, DANIEL
Address: 2201 TEALWOOD CIR
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BISH, TROY
Address: 2185 TEALWOOD CIR
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WARNER, JACKIE
Address: 2191 TEALWOOD CIR
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARB TOTILLO

PD

03/18/2009

Electronic Signature of Signing Officer or Director

Date