


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 AM
Secretary of State

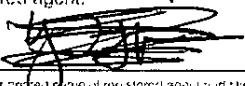
DOCUMENT # N05000006929 1. Entity Name FOX CROSSING HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 8658 HAVANA HWY HAVANA FL 32333		Mailing Address 8658 HAVANA HWY HAVANA FL 32333
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address: Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
4. FEI Number 20-3265829		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent IVIE, Y.L. 8658 HAVANA HWY HAVANA FL 32333	7. Name and Address of New Registered Agent 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:  DATE: _____

Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when re-stating)

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	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	D THOMPSON, LEX C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6863 PROCTOR RD	NAME	
STREET ADDRESS	TALLAHASSEE FL 32308	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	U000000849807 03/21/08-80035-018 61.25
TITLE	D THOMPSON, CAROL A	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6863 PROCTOR RD	NAME	
STREET ADDRESS	TALLAHASSEE FL 32308	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	D THOMPSON, JAMES L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13475 MIDDLEFIELD RD	NAME	
STREET ADDRESS	TALLAHASSEE FL 32309	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	P IVIE, Y.L.	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8658 HAVANA HWY	NAME	
STREET ADDRESS	HAVANA FL 32333	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  3/15/08 850 539-6700