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

5/14/2008-90013-022-$61.25-$61.25

FILED
08 JUN 12 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000008078

1. Entity Name
FOXMEADOW LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1718 KINGSLEY AVENUE ORANGE PARK FL 32073	1718 KINGSLEY AVENUE ORANGE PARK FL 32073

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1722 Kingsley Ave.	1722 Kingsley Ave.
Suite, Apt. #, etc.: Ste 195	Suite, Apt. #, etc.: Ste 195
City & State: Orange Park, Fl	City & State: Orange Park Florida
Zip: 32073 Country: ~~XXXXX~~ USA	Zip: 32073 Country: ~~XXXXXX~~ USA

1st MOORE CR2E037 (10/07)

4. FEI Number: 59-3096329 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILHITE, MARVIN E
1718 KINGSLEY AVENUE
ORANGE PARK FL 32073

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Wilhite, Maryin ~~WRIGHTE, MAURINE E~~ 1722 KINGSLY AVE ORANGE PARK FL 32073 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #