

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10020

FILED
Mar 22, 2009
Secretary of State

Entity Name: FOXHOLLOW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

28 SILVER FOX TRAIL
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

28 SILVER FOX TRAIL
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2640989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVENPORT, CHRISTINE M
28 SILVER FOX TRAIL
ORMOND BEACH, FL 32174 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: TD () Delete
Name: DAVENPORT, CHRISTINE M
Address: 28 SILVER FOX TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: KENNEDY, ALEXANDER
Address: 1 FOX HOLLOW DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Delete
Name: REDA, FRANK
Address: 16 SILVER FOX TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: HEGGBLOD, ALEX
Address: 1 SILVER FOX TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: SD () Delete
Name: WEBB, BETTY
Address: 11 SPRINGER COURT
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: STOCK, JOSEPH
Address: 6 FOX HOLLOW DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CHRISTINE DAVENPORT

TD

03/22/2009

Electronic Signature of Signing Officer or Director

Date