2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2011
Secretary of State

DOCUMENT# N10020

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

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

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

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

Title: D
Name: BROLL, JOY
Address: 17 SILVER FOX TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: MADISON, DAN
Address: 8 SPRINGER COURT
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: CHRISTINE M. DAVENPORT TD 01/30/2011

Electronic Signature of Signing Officer or Director Date