2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12380

FILED Mar 23, 2009 Secretary of State

Entity Name: FOX BAY OWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1855 FOX BAY DR MELBOURNE, FL 32934 US **Current Mailing Address: New Mailing Address:** 1855 FOX BAY DR MELBOURNE, FL 32934 US FEI Number: 59-2738413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VINES, DAVID BUZZELLI, DONALD A MR. 1825 FOX BAY DR 1855 FOX BAY DR MELBOURNE, FL 32934 MELBOURNE, FL 32934 US US 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: DONALD A BUZZELLI 03/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BUZZELLI, DONALD A Name: Name: 1855 FOX BAY DR Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: TD Title: () Delete () Change () Addition Name: VINES, DAVID Name: Address: 1825 FOX BAY DR Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: Title: VPD () Delete Title: VPD (X) Change () Addition ROUSE, DAVID Name: TALLY, RICHARD E Name: 1860 FOX BAY DR Address: Address: 3707 RED DUCK PL City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934 Title: SD (X) Delete Title: () Change () Addition Name: DENNIS, APRIL Name: Address: 1849 FOX BAY DR Address: City-St-Zip: MELBOURNE, FL 32934 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: DONALD A BUZZELLI PD 03/23/2009