

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13263

FILED
Feb 06, 2007
Secretary of State

Entity Name: FOX HOLLOW ASSOCIATION, INC.

Current Principal Place of Business:

938 GREENSWARD LANE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

951 GREENSWARD LANE
DELRAY BEACH, FL 33445 US

New Mailing Address:

924 GREENSWARD LANE
DELRAY BEACH, FL 33445 US

FEI Number: 65-0174571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENLEY, HUGH
951 GREENSWARD LANE
DELRAY BEACH, FL 33445 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: HENLEY, HUGH
Address: 951 GREENSWARD LANE
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD () Delete
Name: PHILLIPS, CAROL
Address: 924 GREENSWARD LANE
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: BELL, KATHLEEN
Address: 941 GREENSWARD LANE
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ROSEN, NED
Address: 933 GREENSWARD LANE
City-St-Zip: DELRAY BEACH, FL 33445

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

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

Title: D () Change (X) Addition
Name: PAPPAS, SHELLY
Address: 928 GREENSWARD LANE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Change (X) Addition
Name: SHONTZ, DAVID
Address: 949 GREENSWARD LANE
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL PHILLIPS

PD

02/06/2007

Electronic Signature of Signing Officer or Director

Date