

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14275

FILED
Apr 26, 2006
Secretary of State

Entity Name: FOXWOOD TRAILS ASSOCIATION, INC.

Current Principal Place of Business:

6015 MORROW ST. E., SUITE 107
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6015 MORROW ST. E., SUITE 107
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-2727363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANNING MANAGEMENT INC.
6015 MORROW ST. E.
SUITE 107
JACKSONVILLE, FL 32217 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: VD () Delete
Name: CLARDY, RAY
Address: 10852 STEEDING HORSE DR.
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: WEISCHORSTER, DAVE
Address: 11019 PERCHERON DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD () Delete
Name: MALE, ROY
Address: 11019 PEARCHSON DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAJORS, CARLA
Address: 5251 PERCHERON DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: VPD (X) Change () Addition
Name: WEISCHORSTER, DAVE
Address: 11019 PERCHERON DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: STD (X) Change () Addition
Name: SHAVER, VICKI
Address: 5321 MORGAN HORSE DRIVE N
City-St-Zip: JACKSONVILLE, FL 32257

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: CARLA MAJORS

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date