

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16045

FILED
Apr 19, 2009
Secretary of State

Entity Name: FOXBERRY RUN OWNERS ASSN., INC.

Current Principal Place of Business:

3444 EAST LAKE RD
412
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

3444 EAST LAKE RD
412
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-2733186 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIMARCO, ROBERT CPA
3444 EAST LAKE RD
412
PALM HARBOR, FL 34685 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: DVP () Delete
Name: SINES, MATT
Address: 3191 VALEMOOR
City-St-Zip: PALM HARBOR, FL 34685

Title: DP () Delete
Name: BOOTH, WILLIAM
Address: 3137 VALEMOOR
City-St-Zip: PALM HARBOR, FL 34685

Title: DT () Delete
Name: GORMAN, IAN
Address: 3168 VALEMOOR
City-St-Zip: PALM HARBOR, FL 34685

Title: DS () Delete
Name: GORNEAULT, GERRY
Address: 310 VALEMOOR
City-St-Zip: PALM HARBOR, FL 34685

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: DS (X) Change () Addition
Name: HARMS, STEVE
Address: 3119 VALEMOOR
City-St-Zip: PALM HARBOR, FL 34685

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: ROBERT DIMARCO

RA

04/19/2009

Electronic Signature of Signing Officer or Director

Date