

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N20027 1. Entity Name FOX RIDGE HOMEOWNERS, INC.	
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Principal Place of Business 655 FOX TRAIL VERO BEACH FL 32962 US	Mailing Address 655 FOX TRAIL VERO BEACH FL 32962 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	State, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E037 (10/07)
4. FEI Number 65-0021082	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNOEPPPEL, EDMOND 665 FOX TRAIL VERO BEACH FL 32962
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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B. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

FILE NOW FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	TD ☐ Delete
NAME	KNOEPPPEL, EDMOND
STREET ADDRESS	655 FOX TRAIL
CITY-STATE-ZIP	VERO BEACH FL 32962
TITLE	PD ☐ Delete
NAME	WOLFE, JAMES
STREET ADDRESS	610 FOX TRAIL
CITY-STATE-ZIP	VERO BEACH FL 32962
TITLE	VPD ☐ Delete
NAME	CARTANO, DAVID
STREET ADDRESS	685 FOX RUN
CITY-STATE-ZIP	VERO BEACH FL 32962
TITLE	SD ☐ Delete
NAME	PARK, FORD
STREET ADDRESS	600 FOX TRAIL
CITY-STATE-ZIP	VERO BEACH FL 32962
TITLE	VPD ☐ Delete
NAME	VICKERS, GRADY
STREET ADDRESS	630 FOX TRAIL
CITY-STATE-ZIP	VERO BEACH FL 32962
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	U00000820534
CITY-STATE-ZIP	02/18/08-80032-022 61.25
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered
