2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006
Secretary of State

DOCUMENT# N22537

Entity Name: FOXBOROUGH FARMS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1237 LAVANHAM COURT
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

1237 LAVANHAM COURT
APOPKA, FL 32712 US

New Mailing Address:

FEI Number: 59-2866668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, IRIS
1237 LAVANHAM CT
APOPKA, FL 32712 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: ST ( ) Delete
Name: SMITH, IRIS
Address: 1237 LAVANHAM CT
City-St-Zip: APOPKA, FL

Title: P ( ) Delete
Name: CLOWES, MIKE
Address: 1212 LAVENHAM CT
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: SMITH, BRYANT
Address: 1506 LITCHEM RD
City-St-Zip: APOPKA, FL 32712

Title: D (X) Delete
Name: LAFOLEY, BRIAN
Address: 1531 LICHEN RD.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: CLOWES, MIKE
Address: 1212 LAVENHAM CT
City-St-Zip: APOPKA, FL 32712

Title: P (X) Change ( ) Addition
Name: SMITH, BRYANT
Address: 1506 LITCHEM RD
City-St-Zip: APOPKA, FL 32712

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

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: IRIS SMITH ST 03/15/2006

Electronic Signature of Signing Officer or Director — Date