

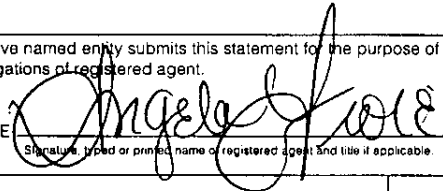
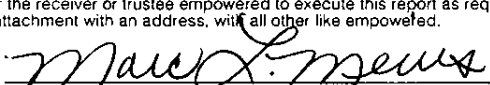


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90046 013 \*\*\*\*61.25

<b>DOCUMENT # N24124</b> 1. Entity Name <b>FOX RUN HOMEOWNERS, INC.</b>					
Principal Place of Business <b>C/O G MARCUS</b> <b>10531 NW 18 COURT</b> <b>PLATATION, FL 33322 US</b>			Mailing Address <b>C/O G MARCUS</b> <b>10531 NW 18 COURT</b> <b>PLATATION, FL 33322 US</b>		
2. Principal Place of Business - No P.O. Box # <b>13550 ST RD 84</b> Suite, Apt. #, etc.		3. Mailing Address <b>WEST BROWARD COMM MGMT</b> Suite, Apt. #, etc. <b>P.O. BOX 551390</b>		<b>40096338</b> 	
City & State <b>DAVIE FL</b>		City & State <b>DAVIE FL</b>		4. FEI Number <b>65-0048978</b>	
Zip <b>33325</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GERALD MARCUS</b> <b>10531 NW 18 CT</b> <b>PLANTATION, FL 33322</b>				7. Name and Address of New Registered Agent Name <b>West Broward Community mgmt</b> Street Address (P.O. Box Number is Not Acceptable) <b>11530 ST RD 84</b> City <b>DAVIE</b> FL Zip Code <b>33325</b>	
8. 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  <b>ANGELA FIORE</b> <b>4-27-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MARCUS, LINDA STREET ADDRESS 10531 NW 18 CT CITY-ST-ZIP PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete		TITLE President NAME marc mervis STREET ADDRESS 1871 NW 107 TEL CITY-ST-ZIP Plantation, FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MARCUS, GERALD STREET ADDRESS 10531 NW 18TH CT CITY-ST-ZIP PLANTATION, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME ALBEE, PETER STREET ADDRESS 1868 NE 111 AVE. CITY-ST-ZIP PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MARIETTA, MICHAELS STREET ADDRESS 10561 NW 18 CT CITY-ST-ZIP PLANTATION, FL 33322	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE:  <b>4/22/07 marc L. mervis</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					