

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N34925 1. Entity Name FOX CREEK HOMEOWNERS ASSOCIATION, INC.				FILED 08 SEP 26 AM 10: 25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7028 W. WATERS AVE. PMB 181 TAMPA, FL 33634 US		Mailing Address 7028 W. WATERS AVE. PMB 181 TAMPA, FL 33634 US			
2. Principal Place of Business - No P.O. Box # 7001 Temple Terrace Suite, Apt. #, etc. Highway		3. Mailing Address 7001 Temple Terrace Suite, Apt. #, etc. Highway		09152008 Chg-NP CR2E037 (12/06)	
City & State Temple Terrace, FL		City & State Temple Terrace, FL		4. FEI Number 59-2981349	
Zip 33637		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEZER, STEVEN H 1801 N. HIGHLAND AVENUE TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Antonio Duarte, III Street Address (P.O. Box Number is Not Acceptable) 6221 Land o' Lakes Blvd City Land o' Lakes FL Zip Code 34638		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		Antonio Duarte, III <small>(NOTE: Registered Agent signature required when reinstating)</small>		9/23/08 <small>DATE</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTF DOHERTY, JOANN 11631 FOXCREEK DR TAMPA, FL 33635	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Doherty, JoAnn 11631 Fox Creek Dr. Tampa, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REVELS, DEL 11655FOXCREEK DR TAMPA, FL 33635	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jeffrey Roth 8612 Bellevista Dr. Tampa, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer James Mangano 11677 Fox Creek Dr. Tampa, FL 33635
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500136385285 09/26/08--01043--005 **\$61.25
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: JoAnn Doherty, Secretary 9/23/08 813-545-4740 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					