

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34925

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** FOX CREEK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7001 TEMPLE TERRACE HIGHWAY  
TEMPLE TERRACE, FL 33637 US

**New Principal Place of Business:**

**Current Mailing Address:**

7001 TEMPLE TERRACE HIGHWAY  
TEMPLE TERRACE, FL 33637 US

**New Mailing Address:**

**FEI Number:** 59-2981349

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUARTE, ANTONIO III  
6221 LAND O'LAKES BLVD  
LAND O' LAKES, FL 34638 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: S ( ) Delete  
Name: DOHERTY, JOANN  
Address: 11631 FOXCREEK DR  
City-St-Zip: TAMPA, FL 33635

Title: P ( ) Delete  
Name: ROTH, JEFFREY  
Address: 8612 BELLEVISTA DR.  
City-St-Zip: TAMPA, FL 33635

Title: T ( ) Delete  
Name: MANGANO, JAMES  
Address: 11677 FOX CREEK DR  
City-St-Zip: TAMPA, FL 33635

**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:

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: DAPHINE WILSON

LCAM

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date