

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90049 035 ****61.25

DOCUMENT # N36437

1. Entity Name

FOXBORO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8841 141ST DRIVE
 LIVE OAK FL 32060
 US**

**8841 141ST DRIVE
 LIVE OAK FL 32060
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2987128

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAMIE C. DEBONO
 8841 141ST DRIVE
 LIVE OAK FL 32060**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	LEE, GEORGE	
STREET ADDRESS	RT 6 FOXBORO SUBDIVISION	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLETCHER, DEE DEE	
STREET ADDRESS	9043 141ST DRIVE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, ROBERT	
STREET ADDRESS	ROUTE 6 BOX 654	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRIS, DEBBIE	
STREET ADDRESS	9003 141ST DRIVE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEBONO, TAMIE C.	
STREET ADDRESS	8841 141ST DR	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EYSTER, ALLISON	
STREET ADDRESS	8821 141ST LANE	
CITY-ST-ZIP	LIVE OAK FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tamie C. DeBono Tamie C. DeBono 1/22/02 386-362-1040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)