


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90042 013 \*\*\*\*61.25

**DOCUMENT # N36437**  
 1. Entity Name  
**FOXBORO HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 9272 141ST DRIVE      9272 141ST DRIVE  
 LIVE OAK FL 32060      LIVE OAK FL 32060  
 US      US



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

1st MOORE      CR2E037 (10/05)

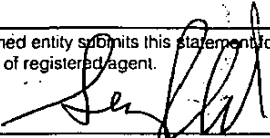
4. FEI Number      Applied For  
**59-2987128**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STALLARD, WILLIAM R**  
**9272 141ST DRIVE**  
**LIVE OAK FL 32060**

7. Name and Address of New Registered Agent  
 Name **SEYMOUR CHOTINER**  
 Street Address (P.O. Box Number is Not Acceptable) **8844 141ST DRIVE**  
 City **LIVE OAK**      FL      Zip Code **32060**

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       DATE **2/2/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STALLARD, WILLIAM R	
STREET ADDRESS	9272 141ST DRIVE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	S	<input type="checkbox"/> Delete
NAME	FLETCHER, DEE DEE	
STREET ADDRESS	9043 141ST-DRIVE	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, ROBERT	
STREET ADDRESS	ROUTE 6 BOX 654	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	T	<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	SERMOUR, CHOTINER	
STREET ADDRESS	8841 141ST DR	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETERS, JERRY	
STREET ADDRESS	9267 141ST DRIVE	
CITY-ST-ZIP	LIVE OAK FL 32060	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 