

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36437

FILED  
Feb 19, 2008  
Secretary of State

Entity Name: FOXBORO HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9003 141ST DRIVE  
LIVE OAK, FL 32060 US

**New Principal Place of Business:**

**Current Mailing Address:**

9003 141ST DRIVE  
LIVE OAK, FL 32060 US

**New Mailing Address:**

FEI Number: 59-2987128      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHOTINER, SEYMOUR  
8844 141ST DR  
LIVE OAK, FL 32060 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: FLETCHER, DEE DEE  
Address: 9043 141ST DRIVE  
City-St-Zip: LIVE OAK, FL 32060

Title: D ( ) Delete  
Name: MURPHY, ROBERT  
Address: ROUTE 6 BOX 654  
City-St-Zip: LIVE OAK, FL

Title: T ( ) Delete  
Name: HARRIS, DEBBIE,  
Address: 9003 141ST DRIVE  
City-St-Zip: LIVE OAK, FL

Title: D ( ) Delete  
Name: SERMOUR, CHOTINER  
Address: 8841 141ST DR  
City-St-Zip: LIVE OAK, FL 32060

Title: VP ( ) Delete  
Name: CATHCART, ROB  
Address: 14161 94TH TRAIL  
City-St-Zip: LIVE OAK, FL 32060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: CATHCART, TOMMIE  
Address: 14161 94TH TRAIL  
City-St-Zip: LIVE OAK, FL 32060

Title: P (X) Change ( ) Addition  
Name: PATRICK, PATRICK  
Address: 9037 141ST DRIVE  
City-St-Zip: LIVE OAK, FL

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: DEBBIE HARRIS

T

02/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date