

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36437

FILED
Feb 18, 2009
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: CATHCART, TOMMIE
Address: 14161 94TH TRAIL
City-St-Zip: LIVE OAK, FL 32060

Title: P () Delete
Name: PATRICK, PATRICK
Address: 9037 141ST DRIVE
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date