

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Aug 26, 2003 8:00 am**  
**Secretary of State**

08-26-2003 90023 040 \*\*\*\*61.25

0000361

**DOCUMENT # N36437**

1. Entity Name  
**FOXBORO HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**8841 141ST DRIVE  
LIVE OAK FL 32060  
US**

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

2. Principal Place of Business  
**9272 141<sup>ST</sup> Drive**

3. Mailing Address  
**9272 141<sup>ST</sup> Drive**

Suite, Apt. #, etc.

City & State  
**Live OAK, FL**

City & State  
**Live OAK FL**

Zip  
**32060**

Country  
**USA**

Zip  
**32060**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2987128**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **William R. Stallard**

Street Address (P.O. Box Number is Not Acceptable)  
**9272 141<sup>ST</sup> 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 *William R. Stallard* **president** DATE **8-22-03**

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**  
**After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: <b>P</b>	<b>William R. Stallard</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9272 141<sup>ST</sup> Drive</b>	
STREET ADDRESS	<b>Live OAK, FL 32060</b>	
CITY-ST-ZIP		
TITLE: <b>S</b>	<b>Fletcher, Dee Dee</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9043 141<sup>ST</sup> Drive</b>	
STREET ADDRESS	<b>Live OAK, FL 32060</b>	
CITY-ST-ZIP		
TITLE: <b>T</b>	<b>HARRIS, DEBBIE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9003 141<sup>ST</sup> Drive</b>	
STREET ADDRESS	<b>Live OAK, FL 32060</b>	
CITY-ST-ZIP		
TITLE: <b>D</b>	<b>Chotiner, Seymour</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8844 141<sup>ST</sup> Drive</b>	
STREET ADDRESS	<b>Live OAK FL 32060</b>	
CITY-ST-ZIP		
TITLE: <b>VP</b>	<b>Peters, Jerry</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9267 141<sup>ST</sup> Drive</b>	
STREET ADDRESS	<b>Live OAK FL 32060</b>	
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: *William R. Stallard* **pres.** DATE **8/22/03** 386-364-4447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (4/03)