


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90105 012 \*\*\*\*61.25

|  |                            |   |   |  |  |
|--|----------------------------|---|---|--|--|
| <b>DOCUMENT # N42801</b><br>1. Entity Name<br><b>FOX POINTE HOMEOWNERS ASSOCIATION, INC.</b>   |                            |   |   |   |  |
| Principal Place of Business<br><b>ADVANCED MANAGEMENT, INC. OF SW FLORIDA</b><br><b>9031 TOWN CENTER PARKWAY</b><br><b>BRADENTON, FL 34202</b>   |                            |   | Mailing Address<br><b>ADVANCED MANAGEMENT, INC. OF SW FLORIDA</b><br><b>9031 TOWN CENTER PARKWAY</b><br><b>BRADENTON, FL 34202 US</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                            | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |                            | Suite, Apt. #, etc.   |   |  |  |
| City & State   |                            | City & State  |   |  |  |
| Zip  | Country                    | Zip   | Country   | 4. FEI Number<br><b>65-0406055</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                            |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |                            |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>ADVANCED MANAGEMENT INC</b><br><b>9031 TOWN CENTER PARKWAY</b><br><b>BRADENTON, FL 34202</b>  |                            |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                            |   |   |  |  |
| <b>Filing Fee Is \$61.25</b><br><b>Due by May 1, 2007</b>  |                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| Make check payable to<br><b>Florida Department of State</b>  |                            |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |                            |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE  | PD                         | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>LEHMANN, JIM</b>        |   | NAME  |  |  |
| STREET ADDRESS   | <b>5474 GOLF POINTE DR</b> |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | <b>SARASOTA, FL 34243</b>  |   | CITY-ST-ZIP   |  |  |
| TITLE  | SD                         | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>GIANALLONI, GILES</b>   |   | NAME  |  |  |
| STREET ADDRESS   | <b>5478 GOLF POINTE DR</b> |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | <b>SARASOTA, FL 34243</b>  |   | CITY-ST-ZIP   |  |  |
| TITLE  | TD                         | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>GREENE, GEORGE</b>      |   | NAME  |  |  |
| STREET ADDRESS   | <b>5460 GOLF POINTE DR</b> |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | <b>SARASOTA, FL 34243</b>  |   | CITY-ST-ZIP   |  |  |
| TITLE  |                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME   |                            |   | NAME  | <b>DVP</b>   |  |
| STREET ADDRESS   |                            |   | STREET ADDRESS  | <b>HANK KEHE</b>   |  |
| CITY-ST-ZIP  |                            |   | CITY-ST-ZIP   | <b>5472 Golf Pointe Dr.</b>  |  |
| TITLE  |                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                            |   | NAME  |  |  |
| STREET ADDRESS   |                            |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                            |   | CITY-ST-ZIP   |  |  |
| TITLE  |                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                            |   | NAME  |  |  |
| STREET ADDRESS   |                            |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                            |   | CITY-ST-ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                            |   |   |  |  |
| <b>SIGNATURE:</b>    |                            |   |   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                            |   |   |  |  |
| <small>Date Daytime Phone #</small>  |                            |   |   |  |  |