

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44238**

1. Entity Name  
**FOXES TAIL PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**520 FOX RUN SW  
VERO BEACH, FL 32962 US**

Mailing Address  
**520 FOX RUN SW  
VERO BEACH, FL 32962 US**



02082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0280930**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BUCKLE, EDGAR V  
520 FOX RUN SW  
VERO BEACH, FL 32962**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MARKS, ROBERT B
STREET ADDRESS	565 ROX RUN SW
CITY-ST-ZIP	VERO BEACH, FL
TITLE	SD
NAME	BERKLEY, SUSAN
STREET ADDRESS	570 FOX RUN SW
CITY-ST-ZIP	VERO BEACH, FL
TITLE	TD
NAME	BUCKLE, EDGAR V
STREET ADDRESS	520 FOX RUN SW
CITY-ST-ZIP	VERO BEACH, FL
TITLE	VPD
NAME	GODERSTAN, ROY
STREET ADDRESS	545 FOX RUN SW
CITY-ST-ZIP	VERO BEACH, FL 32962

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02/20/08-80082-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/6/08 777-770-2281