

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90178 042 \*\*\*\*61.25

**DOCUMENT # N93000000348**

1. Entity Name

**FOX RIDGE AT DEER RUN HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

P O BOX 677307  
ORLANDO FL 32867-7307  
US

Mailing Address

P O BOX 677307  
ORLANDO FL 32867-7307  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3157312**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RUSH, RANDOLPH J  
250 PARK AVENUE SOUTH  
5TH FLOOR  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **Maria V. Frasca**

Street Address (P.O. Box Number is Not Acceptable) **4962 N. Palm Ave**

City **Winter Park** FL **32792** Zip Code

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

*Maria V. Frasca* (Maria V. Frasca)

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

(NOTE: Registered Agent signature required when reinstating)

**3/2/05**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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 **VD** ☐ Delete  
NAME **FALLUCAS, MAUREEN**  
STREET ADDRESS **4502 WEEPING WILLOW CIR**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **PD** ☐ Delete  
NAME **BROWNE, DAVID**  
STREET ADDRESS **4462 WEEPING WILLOW CIRCLE**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **SD** ☒ Delete  
NAME **HAGANS, LINDA**  
STREET ADDRESS **4438 WEEPING WILLOW CIR**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **D** ☐ Delete  
NAME **MEYERS, SALLY**  
STREET ADDRESS **4386 WEEPING WILLOW CR**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **TD** ☐ Delete  
NAME **EHLERS, ELSA**  
STREET ADDRESS **4385 WEEPING WILLOW CIR**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition  
NAME **Siobhan Stelmack**  
STREET ADDRESS **4470 Weeping Willow Circle**  
CITY-ST-ZIP **Casselberry, FL 32707**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Elsa Caroline Ehlers* **Elsa Caroline Ehlers**  
3-2-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-681-0394**