

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90029 039 ****61.25

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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**

40042000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-3157312

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRASCA, MARIA V
 4962 N PALM AVE
 WINTER PARK, FL 32792**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	<input type="checkbox"/> Delete
NAME	FALLUCAS, MAUREEN	
STREET ADDRESS	4502 WEEPING WILLOW CIR	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROWNE, DAVID	
STREET ADDRESS	4462 WEEPING WILLOW CIRCLE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STELMACK, SIOBHAN	
STREET ADDRESS	4470 WEEPING WILLOW CIRCLE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYERS, SALLY	
STREET ADDRESS	4386 WEEPING WILLOW CR	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EHLERS, ELSA	
STREET ADDRESS	4385 WEEPING WILLOW CIR	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alicia Biggers	
STREET ADDRESS	4442 Weeping Willow Circle	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Maureen P. Fallucas MAUREEN FALLUCAS 3-5-08 (407) 620-3555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #