

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**

40044000



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

01052008 Chg-NP CR2E037 (12/06)

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

**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** ☐ 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 **STELMACK, SIOBHAN**
STREET ADDRESS **4470 WEEPING WILLOW CIRCLE**
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 **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Change ☒ Addition
NAME **Alicia Biggers**
STREET ADDRESS **4442 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

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

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 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 #