

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000348

FILED
Apr 20, 2009
Secretary of State

Entity Name: FOX RIDGE AT DEER RUN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 677307
ORLANDO, FL 328677307 US

New Principal Place of Business:

4962 NORTH PALM AVENUE
WINTER PARK, FL 32792 US

Current Mailing Address:

P O BOX 677307
ORLANDO, FL 328677307 US

New Mailing Address:

FEI Number: 59-3157312 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FALLUCAS, MAUREEN
Address: 4502 WEEPING WILLOW CIR
City-St-Zip: CASSELBERRY, FL 32707

Title: VD () Delete
Name: BIGGERS, ALICIA
Address: 4442 WEEPING WILLOW CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Delete
Name: STELMACK, SIOBHAN
Address: 4470 WEEPING WILLOW CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: MEYERS, SALLY
Address: 4386 WEEPING WILLOW CR
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: EHLERS, ELSA
Address: 4385 WEEPING WILLOW CIR
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FALLUCCA, MAUREEN
Address: 4502 WEEPING WILLOW CIR
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MEYERS, SALLYANN
Address: 4386 WEEPING WILLOW CR
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA FRASCA

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date