## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 10, 2007 8:00 am Secretary of State DOCUMENT # N94000003759 1. Entity Name 04-10-2007 90018 040 \*\*\*\*61.25 FOX RUN ASSOCIATION, INC. Principal Place of Business Mailing Address % LARRY R. SCHNAIDT 4581 RUNNING MEADOWS LANE TALLAHASSEE FL 32303 15 F BRADLEY ST MIRAMAR BEACH FL 32550 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-3267837 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHNAIDT, LARRY Street Address (P.O. Box Number is Not Acceptable) 4581 RUNNING MEADOWS LANE TALLAHASSEE FL 32303 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Defete TITLE Change Addition NAMI SCHNAIDT, LARRY R NAME STREET ADDRESS 4581 RUNNING MEA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303-7646 TITLE ☐ Delete HILL ☐ Change Addition MURRAY, DOTTIE NAME STREET ADDRESS 103 ROMAN DR STREET ADORESS CHY-SI-ZIP CITY ST-7IP OZARK AL 36360-9239 TITLE Delete THE ☐ Change Addition BRAdley 54. #14 BRAdley 54. #14 NAMI NAME HAMPTON, MIKE STREET ADDRESS STREET ADDRESS 5410 S. MAGNOLIA AVE. CITY-S1-ZIP HOMOSASSA FL 33448 CHY-ST-ZIP ☐ Delete 1000 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY ST-ZIP TITLE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP HILL ☐ Delete TITLE Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustoe 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:

3/30/07 (850)562-822

**FILED**