

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90150 042 ****61.25

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01062006 Chg-NP CR2E037 (11/05)

DOCUMENT # N94000004646					
1. Entity Name PEACHTREE AT FOX HOLLOW HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10730 US 19 SUITE 17 PORT RICHEY, FL 34668		Mailing Address 10730 US 19 SUITE 17 PORT RICHEY, FL 34668			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3267232	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUALIFIED PROPERTY MANAGEMENT, INC. 10730 U.S. 19, STE 17 PORT RICHEY, FL 34668			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D DUNPHY, KEITH	<input checked="" type="checkbox"/> Delete	TITLE	VD Burkhardt, Vicki I.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNPHY, KEITH		NAME	Burkhardt, Vicki I.	
STREET ADDRESS	9247 SOUCHAK DRIVE		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	NEW PORT RICHEY, FL		CITY-ST-ZIP	Port Richey, FL	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, ERNIE		NAME	Lane, Ernie	
STREET ADDRESS	4446 HOMINY HILL DRIVE		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34665		CITY-ST-ZIP	Port Richey, FL	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SANFORD		NAME	Smith, Sanford	
STREET ADDRESS	4247 STADLER DRIVE		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	NEW PORT RICHEY, FL		CITY-ST-ZIP	Port Richey, FL	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUBBENHORST, PETER		NAME	Wubbenhorst, Peter	
STREET ADDRESS	8867 ALCOFT WAY		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	NEW PORT RICHEY, FL		CITY-ST-ZIP	Port Richey, FL	
TITLE	N	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, NANCY		NAME	MacDonald, John	
STREET ADDRESS	4426 HOMINY HILLS DRIVE		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34665		CITY-ST-ZIP	Port Richey, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARUSO, MIKE		NAME	Hobbs, J.J.	
STREET ADDRESS	9233 ALCOFT WAY		STREET ADDRESS	10730 U.S. 19, Suite 17	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34665		CITY-ST-ZIP	Port Richey, FL	
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: <i>Sanford L. Smith</i>			3/2/06 727-376 9929		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		