

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90146 015 ****61.25

DOCUMENT # N95000003743					
1. Entity Name FOX HOLLOW VILLAGE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429			Mailing Address 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent SCHOONMAKER, MARGARET 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	XD LACATTIVA, ANTHONY 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACATTIVA, ANTHONY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARMIN, LOU 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D EDWARD E RENFRO III 6588 W CANNONDALE DR CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEASEL, THOMAS 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S BENSON, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURCELL, GEORGE 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P SCHOONMAKER, MARGARET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Margaret Schoonmaker</i> MARGARET SCHOONMAKER 352-563-6560 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date 3-7-05 Daytime Phone #					