2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam FOX HOL	MENT # N95000003 LOW VILLAGE PROPERTY ATION, INC.					03-10-2005 9	90146 015	****61	.25
6222 W COR	e of Business Porate Oaks Drive (ER, FL 34429	Mailing Address 6222 W CORPORATE OA CRYSTAL RIVER, FL 344		VE	\$ 1981HEL BIB	ISIST Skin solin sozii ozi	N 487N 48C48 NYN	18 3 11 818 88 AV	(1) 8.1 1881
2. Principal F	Mace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03062005	Chg-NP	CR2E037	(10/03)	
City & State		City & State			4. FEI Numbe 59-3396				oplied For
Zip	Country	Zip	Cou	intry	5. Certificate of	of Status Desired		8.75 Add	itional
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New F	legistered Ag	ent	
	MAKER, MARĞARET ORPORATE OAKS DRIVE			Name Street Add	ress (P.O. Box Number	r is Not Acceptable	e)		
CRYSTAL	RIVER, FL 34429								
		t,		City	•		FL	Žip Cod	θ
8. The above	named entity submits this statement for		egistere	od office or re	gistered agent, or both	n, in the State of Fic	orida. I am far	niliar with,	and accept
Similar Similar	Christin bile of he was a		 t,						
SIGNATURE	**** * * **** * * * * * * * * * * * * *	,							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	d Agent signature o	required when reinstating)		DATE		
	Filing Fee is \$61.25	9Election Camp Trust Fund Co	paign F	inancing -	**************************************		ake check ;		
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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.

Margaret Helicommelie MARGARET SCHOONMAKER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRET US 571 T Date 2-SIGNATURE: _