
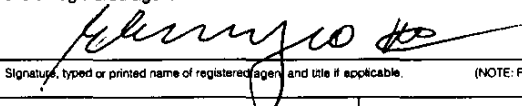
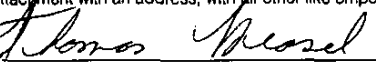


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90172 043 \*\*\*\*61.25

<b>DOCUMENT # N95000003743</b> 1. Entity Name <b>FOX HOLLOW VILLAGE PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429</b>			Mailing Address <b>6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3396540</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHOONMAKER, MARGARET 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429</b>			7. Name and Address of New Registered Agent Name <b>EDWARD E RENFRO III</b> Street Address (P.O. Box Number is Not Acceptable) <b>6588 W CANNONDALE DR</b> City <b>CRYSTAL RIVER</b> <b>FL</b> Zip Code <b>34429</b>		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LACATTIVA, ANTHONY 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD RENFORD, EDWARD E III 6588 W CANNONDALE DR CRYSTAL RIVER, FL 34429</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MEASEL, THOMAS 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS BENSON, BARBARA 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PURCELL, GEORGE 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SCHOONMAKER, MARGARET 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, D THOMAS FAULKNER 6312 W CANNONDALE DR CRYSTAL RIVER, FL 34429</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D RENFRO, EDWARD E III</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADOLPH LEMBERGER 1914 N HAVERSHALL PT CRYSTAL RIVER, FL 34429</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date <b>1-11-06</b> Daytime Phone # <b>795-7966</b>	

40001158



01102006 Chg-NP CR2E037 (11/05)