


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 049 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RENFRO, EDWARD E III 6588 W. CANNONDALE DR. CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name THOMAS FAULKNER Street Address (P.O. Box Number is Not Acceptable) 6312 W CANNONDALE DR City CRYSTAL RIVER FL Zip Code 34429		
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 <u>Thomas E. Faulkner</u> DATE <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, D FAULKNER, THOMAS <input type="checkbox"/> Delete 6312 W. CANNONDALE DR. CRYSTAL RIVER, FL 34429				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D RENFRO, EDWARD E III <input type="checkbox"/> Delete 6588 W CANNONDALE DR CRYSTAL RIVER, FL 34429				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MEASEL, THOMAS <input checked="" type="checkbox"/> Delete 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BENSON, BARBARA <input type="checkbox"/> Delete 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PURCELL, GEORGE <input checked="" type="checkbox"/> Delete 6222 W CORPORATE OAKS DRIVE CRYSTAL RIVER, FL 34429				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEMBERGER, ADOLPH <input type="checkbox"/> Delete 1914 N. HAVERSHALL ST. CRYSTAL RIVER, FL 34429				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
P, D FAULKNER, THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
D RENFRO, EDWARD E III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
D ZIEMBA, SHARON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6176 W CANNONDALE DR CRYSTAL RIVER, FL 34429					
D TINDALL, RAYMOND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6550 W CANNONDALE DR CRYSTAL RIVER, FL 34429					
TD LEMBERGER, ADOLPH <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 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: <u>Adolph W. Lemberger</u> DATE <u>4/25/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					