

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90040 036 ****61.25

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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

01192008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3396540

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAULKNER, THOMAS
6588 W. CANNONDALE DR.
CRYSTAL RIVER, FL 34429**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete
NAME FAULKNER, THOMAS
STREET ADDRESS 6312 W. CANNONDALE DR.
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RENFRO, EDWARD E III
STREET ADDRESS 6588 W CANNONDALE DR
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ZIEMBA, SHARON
STREET ADDRESS 6176 W. CANNONDALE DR
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☒ Change ☐ Addition
NAME VP, D
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME BENSON, BARBARA
STREET ADDRESS 6222 W CORPORATE OAKS DRIVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TINDALL, RAYMOND
STREET ADDRESS 6550 W. CANNONDALE DR
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME LEMBERGER, ADOLPH
STREET ADDRESS 1914 N. HAVERSHALL ST.
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE DT ☐ Change ☒ Addition
NAME JOSEPH HIRTZ
STREET ADDRESS 1835 N LITCHFIELD PT
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #