2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001592

FILED Jan 07, 2009 Secretary of State

Entity Name: FLORIDA FOX TROTTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2077 W. LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881 **Current Mailing Address: New Mailing Address:** 2077 W. LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLONINGER, JUDY CLONINGER, JUDY H TREAS 2077 W. LAKÉ HAMILTON DRIVE 2077 W. LAKE HAMILTON DRIVE WINTER HAVEN, FL 33881 WINTER HAVEN, FL 33881 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. SIGNATURE: JUDY H. CLONINGER 01/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete COLUCCI, MIKE Name: Name: 10351 S.W. 69TH COURT Address: Address: City-St-Zip: OCALA, FL 34476 City-St-Zip: Title: () Delete Title: () Change () Addition MORRIS, JANICE Name: Name: Address: 7206 SPANISH TRAIL ROAD Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US City-St-Zip: Title: () Delete Title: (X) Change () Addition WARREN, CATHY Name: HARRELL, PAM Name: 26010 APPLE BLOSSOM LANE Address: Address: P.O. BOX 3695 City-St-Zip: WESLEY CHAPEL, FL 33544 US City-St-Zip: BELLEVIEW, FL 34421 US Title: () Delete Title: () Change () Addition JUDY, CLONINGER Name: Name: 2077 WEST LAKE HAMILTON DRIVE Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: Title: () Delete Title: (X) Change () Addition HARRELL, PAM BALYEAT, LINDA Name: Name: P.O. BOX 3695 Address: Address: 9049 S. EVANS AVE BELLEVIEW, FL 34421 US City-St-Zip: City-St-Zip: INVERNESS, FL 34452 US Title: () Delete Title: () Change () Addition WOODWARD, JIM Name: Name: Address: 4750 BLUE HERON DRIVE Address: DELEON SPRINGS, FL 32130 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY H. CLONINGER T 01/07/2009