2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004393

FILED Apr 06, 2009 Secretary of State

Entity Name: FOX WOOD AT TRINITY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
		AVE - SUITE 105		210 SOUTH PINELLAS AVE			
CLEARWA	TER, FL 337	56		270 TARPON SPRINGS, FL 34689			
Current Mailing Address:				New Mailing Address:			
1230 SOUTH MYRTLE AVE - SUITE 105				210 SOUTH PINELLAS AVE			
CLEARWA	TER, FL 337	56		270 TARPON SPRINGS, FL 34689			
FEI Number:	59-3407392	FEI Number Applied For ()	FEI Nur	mber Not Appl		Certificate of Status I	Desired ()
Name and	Address of (Current Registered Agent:	Name and Address of New Registered Agent:				
		AVE - SUITE 105 56 US	MALLEY, ANNE M 210 SOUTH PINELLAS AVE 270 TARPON SPRINGS, FL 34689 US				
The above in the State		submits this statement for the	e purpose o		,		gent, or both,
SIGNATUR	RE: ANNE M	ALLEY				04/06/2009	
	Electro	nic Signature of Registered A	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	KOCIENDA, DI 1728 BROADL			Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	DEMYAN, JAY 10714 FIREBR) Delete RICK COURT CHEY, FL 34655		Title: Name: Address: City-St-Zip:	()) Change()Addition	
Title: Name: Address: City-St-Zip:	ZIMMERMAN, 10710 FIREBR			Title: Name: Address: City-St-Zip:	ZIMMERMAN, T 10710 FIREBR		
Title: Name: Address: City-St-Zip:	D (HUMPHREY, E 2120 LARCHW TRINITY, FL 3	OOD COURT		Title: Name: Address: City-St-Zip:	TD (X) JONES, DAVID 2350 WINSLOE TRINITY, FL 34	E DRIVE	
Title: Name: Address: City-St-Zip:	VPD (MORGANTI, M 10018 GREEN TRINITY, FL 3	IVY DRIVE		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	BRETON, RON 2512 WINSLO			Title: Name: Address: City-St-Zip:	()) Change()Addition	

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: JAY DEMYAN PD 04/06/2009