2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N97000004276 1. Entity Name



FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90274 004 ****61 25

FOX HOLLOW OF ESCAMBIA COUNTY HOMEOWNERS ASSOCIATION, INC.					,	1 -29-2003 90	274 004	01.23	
Principal Place of Business 4400 BAYOU BLVD. SUITE 35 PENSACOLA, FL 32503 US		Malling Address 4400 BAYOU BLVD. SUITE 35 PENSACOLA, FL 32503 US		1	401004	(
2. Principal P	lace of Business	3. Mailing Address							
3298 Sum e nit Blvd. Suite, Apt. #, etc. Suite 4		3298 Summit Blvd. Suite Api. #, etc. Suite 4			03172005 Chg	-NP CF	12E037 (10/03)		
-Sity & State Persacola FL		Pensacola, FL			4. FEI Number 59-3494743		<u></u>	plied For Applicable	
32503	Country	Zip 32503	Country		5. Certificate of State	us Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current		Name		7. Name and Addre		ered Agent		
LONGWELL TINA				nau O · rarieriage					
744400 BAYOU BLVD. 5 SUITE 35 5 PENSACOLA, FL 32503-4350				Street Address P.O. Box Number is Not Acceptable) 3298 Summit Blva., Suite 4					
·				Pensacola FL 32503					
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.									
On 25,2005									
SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when renatisting) DATE									
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State									
10.	OFFICERS AND DI		11.		ADDITIONS/CHANGES	TO OFFICERS A			
TITLE NAME	DP ANTHONY, TERRY	CS Delete	TITLE NAME	190	on Brewton	a 1	☐ Change	Addition	
STREET ADORESS CITY-ST-ZIP	8516 INDIAN OAKS PLACE		STREET ADDRESS	852	10 Indian Va	es place			
TITLE	PENSACOLA, FL 32514 DV	XX Delete	CITY-ST-ZIP	Ven	sacola, FL 3	12314	Change	Addition	
NAME	DIECKMAN, BILL	44 0000	NAME	Ruai	n Carson				
STREET ADDRESS CITY-ST-ZIP	8690 RAMBLE WOODS DR PENSACOLA, FL 32514		STREET ADDRESS CITY-ST-ZIP		43 Rumble Wo 50.001a FL	ous prive	-		
TITLE	DST	Delete	TITLE	SD		······································	☐ Change	Addition	
NAME STREET ADDRESS	ANTHONY, LORAINE 8516 INDIAN OAKS PLACE	•	NAME Street adoress	A110	son Brewton ao Indian Da	ks Place		}	
CITY-ST-ZIP	PENSACOLA, FL 32514		City-ST-ZIP	Perx	acola FL 35	1514			
TITLE NAME		☐ Delete	TITLE NAME	TD	,		☐ Change	Addition	
STREET ADDRESS			STREET ADORESS	RONG	ald Boutin Lindian Daks	Place		Ì	
CITY-ST-ZIP			CITY-ST-ZIP	Pin	Indian Daks sacola, FL 37	2514			
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZP						
TITLE		☐ Defete	TITLE	 		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME			NAME					_	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.									

SCHATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

4/25/05

850-434-3585 Daytime Phone #