

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90351 049 ****61.25

DOCUMENT # N97000004276

1. Entity Name
**FOX HOLLOW OF ESCAMBIA COUNTY HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**3298 SUMMIT BLVD
SUITE 4
PENSACOLA, FL 32503 US**

Mailing Address
**3298 SUMMIT BLVD
SUITE 4
PENSACOLA, FL 32503 US**

60029214



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3494743

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

**ETHENDGE, RAY O
3298 SUMMIT BLVD
SUITE 4
PENSACOLA, FL 32503-4350**

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, 2006**

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 BREWTON, JASON
STREET ADDRESS 8520 INDIAN OAKS PLACE
CITY-ST-ZIP PENSACOLA, FL 32514

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

TITLE VPD ☒ Delete
NAME CARSON, RYAN
STREET ADDRESS 8643 RUMBLE WOODS DRIVE
CITY-ST-ZIP PENSACOLA, FL 32514

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

TITLE SD ☐ Delete
NAME BREWTON, ALLISON
STREET ADDRESS 2520 INDIAN OAKS PLACE
CITY-ST-ZIP PENSACOLA, FL 32514

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

TITLE TD ☐ Delete
NAME BOUTIN, RONALD
STREET ADDRESS 8519 INDIAN OAKS PLACE
CITY-ST-ZIP PENSACOLA, FL 32514

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Jason Brewton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06
Date

850-434-3865
Daytime Phone #