
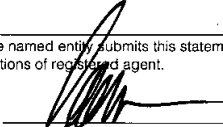
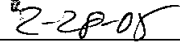




2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | |
|---|--|--|--|
| DOCUMENT # N98000002394 | |  | |
| 1. Entity Name FOX HOLLOW/SUMTER, INC. | | | |
| Principal Place of Business 9288 CR 121 WILDWOOD, FL 34785 | | Mailing Address P.O. BOX 1000 WILDWOOD, FL 34785 | |
| 2. Principal Place of Business 4610 CR 121D Suite, Apt. #, etc. | | 3. Mailing Address 4610 CR 121D Suite, Apt. #, etc. | |
| City & State Wildwood FL | | City & State Wildwood FL | |
| Zip 34785 | Country US | Zip 34785 | Country US |
| 4. FEI Number 59-3587173 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCCORMIC, DANIEL C 9288 CR 121 WILDWOOD, FL 34785 | | 7. Name and Address of New Registered Agent Name Randall N. Thornton Street Address (P.O. Box Number is Not Acceptable) 2031 N. C-470 City Lake Panasoffkee FL Zip Code 33538 | |
| 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  | | DATE  | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE PD | <input checked="" type="checkbox"/> Delete | TITLE President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MCCORMIC, DANIEL C | | NAME Brian Rusu | |
| STREET ADDRESS 9288 CR 121 | | STREET ADDRESS 4725 CR 121D | |
| CITY-ST-ZIP WILDWOOD, FL 34785 | | CITY-ST-ZIP Wildwood, FL 34785 | |
| TITLE D | <input checked="" type="checkbox"/> Delete | TITLE Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MCCORMIC, NOEL L | | NAME Stewart Perdue | |
| STREET ADDRESS 9288 CR 121 | | STREET ADDRESS 9300 CR 128C | |
| CITY-ST-ZIP WILDWOOD, FL 34785 | | CITY-ST-ZIP Wildwood FL 34785 | |
| TITLE D | <input checked="" type="checkbox"/> Delete | TITLE Secretary | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MCCORMIC, JULIA | | NAME Gay Wright | |
| STREET ADDRESS 9288 CR 121 | | STREET ADDRESS 4610 CR 128C | |
| CITY-ST-ZIP WILDWOOD, FL 34785 | | CITY-ST-ZIP Wildwood FL 34785 | |
| TITLE | <input type="checkbox"/> Delete | TITLE Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME George Green | |
| STREET ADDRESS | | STREET ADDRESS 4935 CR 121D | |
| CITY-ST-ZIP | | CITY-ST-ZIP Wildwood FL 34785 | |
| TITLE | <input type="checkbox"/> Delete | TITLE Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME Todd Coon | |
| STREET ADDRESS | | STREET ADDRESS 9100 CR 128C | |
| CITY-ST-ZIP | | CITY-ST-ZIP Wildwood, FL 34785 | |
| TITLE | <input type="checkbox"/> Delete | TITLE Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME Hector Vasquez | |
| STREET ADDRESS | | STREET ADDRESS 4785 CR 121D | |
| CITY-ST-ZIP | | CITY-ST-ZIP Wildwood FL 34785 | |
| 12. I hereby certify that the information supplied with this filing 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. | | | |
| SIGNATURE:  Brian Rusu | | Date  352-753-0848 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

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02082005 Chg-NP CR2E037 (10/03)