

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90062 048 ****61.25

DOCUMENT # N98000002394 1. Entity Name FOX HOLLOW/SUMTER, INC.					
Principal Place of Business 4610 CR 121D WILDWOOD, FL 34785			Mailing Address 4610 CR 121D WILDWOOD, FL 34785		
2. Principal Place of Business - No P.O. Box # 4910 C.R. 121-D		3. Mailing Address P.O. Box 702			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WILDWOOD, FL		City & State WILDWOOD, FL		4. FEI Number 59-3587173	
Zip 34785		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THORNTON, RANDALL N 2031 N. C-470 LAKE PANASOFFKEE, FL 33538			7. Name and Address of New Registered Agent Name PATRICK ROSS Street Address (P.O. Box Number is Not Acceptable) 4910 C.R. 121-D City WILDWOOD FL Zip Code 34785		
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 <u>Patrick Ross</u> DATE <u>7/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, PATRICK 4910 C.R. 121-D WILDWOOD, FL 34785	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D T BERNARD DE ROSE 4880 C.R. 121-D WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAZQUEZ, HECTOR 4785 C.R. 121-D WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK ROSS 4910 C.R. 121-D WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYNCOOP, MELVIN 9175 C.R. 128-D WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, GEORGE 4935 CR 121D WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COON, MELISSA 9100 C.R. 128-C WILDWOOD, FL 34785	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Patrick Ross</u>			Date <u>7/28/07</u> Daytime Phone # <u>1-352-748-7963</u>		