

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90010 030 \*\*\*\*61.25

<b>DOCUMENT # N98000003756</b> 1. Entity Name <b>FOX TRACE COMMUNITY ASSOCIATION, INC.</b>			
Principal Place of Business <b>POB 1394 DUNNELLON, FL 34430-1349</b>		Mailing Address <b>POB 1394 DUNNELLON, FL 34430-1349</b>	
2. Principal Place of Business - No P.O. Box #  <b>SW 84<sup>th</sup> Place SW 86<sup>th</sup> Lane Dunnellon, FL 34432</b>		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country	
		01052007    Chg-NP            CR2E037 (12/06)	
		4. FEI Number <b>59-3523488</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>BERTOCH, CARL A 7655 W GULF TO LAKE HWY #13 CRYSTAL RIVER, FL 34429</b>		Name Street Ad <b>Lisa Sheffield Services Sheffield Business Systems 20170 E. Pennsylvania Avenue Dunnellon, FL 34432</b>	
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 <i>Lisa Sheffield</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE <b>1-31-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WADLE, RON POB 1394 DUNNELLON, FL 344301394</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JONES, JAMES POB 1394 DUNNELLON, FL 344301394</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BULSON, ALBIN POB 1394 DUNNELLON, FL 344301394</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MERDA, JACK POB 1394 DUNNELLON, FL 344301394</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WHITE, DIANE POB 1394 DUNNELLON, FL 344301394</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHAEFER, RICHARD POB 1394 DUNNELLON, FL 344301394</b>	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.			
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/31/07</b> Daytime Phone # <b>352-489-2916</b>	