

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003756

FILED
Jan 05, 2009
Secretary of State

Entity Name: FOX TRACE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

SW 84TH PLACE
SW 86TH PLACE
DUNNELLON, FL 34432

New Principal Place of Business:

Current Mailing Address:

POB 1394
DUNNELLON,

New Mailing Address:

POB 1394
DUNNELLON, FL 344301394 US

FEI Number: 59-3523488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEFFIELD, LISA
SHEFFIELD BUSINESS SERVICES
20170 E. PENNSYLVANIA AVE.
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WADLE, RON
Address: POB 1394
City-St-Zip: DUNNELLON, FL 344301394

Title: D () Delete
Name: JONES, JAMES
Address: POB 1394
City-St-Zip: DUNNELLON, FL 344301394

Title: T () Delete
Name: BULSON, ALBIN
Address: POB 1394
City-St-Zip: DUNNELLON, FL 344301394

Title: SD () Delete
Name: MERDA, JACK
Address: POB 1394
City-St-Zip: DUNNELLON, FL 344301394

Title: VD () Delete
Name: WHITE, DIANE
Address: POB 1394
City-St-Zip: DUNNELLON, FL 344301394

Title: D () Delete
Name: SCHAEFER, RICHARD
Address: POB 1394
City-St-Zip: DUNNELLON, FL 344301394

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WADLE, RONALD
Address: POB 1394
City-St-Zip: DUNNELLON, FL 344301394

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBIN BULSON

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date