# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2010**
**Secretary of State**

DOCUMENT# N98000003756

**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, FL 344301394 US

**New Mailing Address:**

**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
Name: WADLE, RONALD
Address: POB 1394
City-St-Zip: DUNNELLON, FL 344301394

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ALBIN BULSON T 01/06/2010

Electronic Signature of Signing Officer or Director — Date