

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 14, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000004307**

1. Entity Name

FOX RUN HOMEOWNERS' ASSOCIATION OF  
HILLSBOROUGH INC.



Principal Place of Business

P.O. BOX 1619  
LUTZ, FL 33548-1619

Mailing Address

P.O. BOX 1619  
LUTZ, FL 33548-1619



08082006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3597251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMILEE, RENEE  
2425 FOX FOREST DRIVE  
LUTZ, FL 33549

**DO NOT WRITE  
IN THIS SPACE**

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

*Renee Smilee*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/8/06

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HERNDEN, BRENDA  
STREET ADDRESS 18210 FOX TRACE CT.  
CITY-ST-ZIP LUTZ, FL 33549

TITLE VD  
NAME SCHMIDT, DAVID  
STREET ADDRESS 2421 FOX FOREST DRIVE  
CITY-ST-ZIP LUTZ, FL 33549

TITLE S  
NAME O'BRIEN, AUDREY  
STREET ADDRESS 15209 FOX TRACE COURT  
CITY-ST-ZIP LUTZ, FL 33549

TITLE TD  
NAME SMILEE, RENEE  
STREET ADDRESS 2425 FOX FOREST DRIVE  
CITY-ST-ZIP LUTZ, FL 33549

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000574200  
08/14/06-80003-001 70.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Renee Smilee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/8/06

813-267-8655