


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90046 023 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMILEE, RENEE 2425 FOX FOREST DRIVE LUTZ, FL 33549			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>Renee Smilee</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>7/22/2007</i> <small>(NOTE: Registered Agent signature required when reappointing)</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 HERNDEN, BRENDA 18210 FOX TRACE CT. LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Frank Ledda 2435 Fox Forest Drive Lutz FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMIDT, DAVID 2421 FOX FOREST DRIVE LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'BRIEN, AUDREY 15209 FOX TRACE COURT LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rita Bauer 2433 Fox Forest Drive Lutz FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMILEE, RENEE 2425 FOX FOREST DRIVE LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
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: <i>Renee Smilee, Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>7/22/2007</i> Daytime Phone # <i>813-267-8655</i>		