


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90005 029 \*\*\*\*61.25

<b>DOCUMENT # N98000004307</b> 1. Entity Name <b>FOX RUN HOMEOWNERS' ASSOCIATION OF HILLSBOROUGH INC.</b>					
Principal Place of Business <b>P.O. BOX 1619 LUTZ, FL 33548-1619</b>			Mailing Address <b>P.O. BOX 1619 LUTZ, FL 33548-1619</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3597251</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>SMILEE, RENEE 2425 FOX FOREST DRIVE LUTZ, FL 33549</b>			7. Name and Address of New Registered Agent Name <b>Rita Bauer</b> Street Address (P.O. Box Number is Not Acceptable) <b>2433 Fox Forest Dr.</b> City <b>Lutz</b> <b>FL</b> Zip Code <b>33549</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 <u><i>R. L. M. Bauer</i></u> <span style="float: right;">2-12-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	P <b>LEDDA, FRANK</b> <b>2435 FOX FOREST DRIVE</b> <b>LUTZ, FL 33549</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SCHMIDT, DAVID</b> <b>2421 FOX FOREST DRIVE</b> <b>LUTZ, FL 33549</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TD <b>BAUER, RITA</b> <b>2433 FOX FOREST DRIVE</b> <b>LUTZ, FL 33549</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SMILEE, RENEE</b> <b>2425 FOX FOREST DRIVE</b> <b>LUTZ, FL 33549</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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: <u><i>Frank Ledda</i></u> <span style="float: right;">2-12-08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					