

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763919

Entity Name: FOX VALLEY HOMEOWNERS ASSOC., INC.**Current Principal Place of Business:**48 FOX VALLEY DRIVE
ORANGE PARK, FL 32073**Current Mailing Address:**48 FOX VALLEY DRIVE
ORANGE PARK, FL 32073 US**FEI Number:** 59-2489880**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONROY, JOHN M
48 FOX VALLEY DRIVE
ORANGE PARK, FL 32073 US*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**Officer/Director Detail :**

Title	P/D
Name	HEWITT, TED
Address	46 FOX VALLEY DR
City-State-Zip:	ORANGE PARK FL 32073

Title	D/S
Name	DIEFENDERFER, KAYE
Address	85 FOX VALLEY DRIVE
City-State-Zip:	ORANGE PARK FL 32073

Title	D
Name	LINDSEY, JEANNETTE
Address	76 FOX VALLEY DRIVE
City-State-Zip:	ORANGE PARK FL 32073

Title	DIRECTOR
Name	BURNS, ANN
Address	71 FOX VALLEY DRIVE
City-State-Zip:	ORANGE PARK FL 32073

Title	VP/D
Name	LAYE, L.B.
Address	31 FOX VALLEY DR
City-State-Zip:	ORANGE PARK FL 32073

Title	T
Name	CONROY, JOHN
Address	48 FOX VALLEY DRIVE
City-State-Zip:	ORANGE PARK FL 32073

Title	D
Name	CHANDLER, GRAY
Address	30 FOX VALLEY DRIVE
City-State-Zip:	ORANGE PARK FL 32073

Title	DIRECTOR
Name	LINDSEY, LANCE
Address	76 FOX VALLEY DRIVE
City-State-Zip:	ORANGE PARK FL 32073

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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: JOHN M. CONROY**REGISTERED AGENT****03/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STRATTON, JOHN
Address 35 FOX VALLEY DRIVE
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR
Name ZIEGLER, JUDY
Address 25 FOX VALLEY DRIVE
City-State-Zip: ORANGE PARK FL 32073