

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742500 (2)

1. Corporation Name

FOXWOOD COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 950455
LAKE MARY FL 32795-0455

P.O. BOX 950455
LAKE MARY FL 32795-0455

3. Date Incorporated or Qualified

04/19/1978

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1914050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENERGY PROPERTY MANAGEMENT SERVICE INC
165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Anne H. Russell, Anne H. Russell, President, Energy Property Management Service, Inc.

DATE
1/26/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HODGEMIRE, ROXANNE
STREET ADDRESS 2815 TAMARACK
CITY-ST-ZIP APOPKA FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME BEST, ROLAND
STREET ADDRESS 101 SAGEWOOD
CITY-ST-ZIP APOPKA FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MILLER, ANNE
STREET ADDRESS 2955 AUTUMNWOOD TRAIL
CITY-ST-ZIP APOPKA FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME THOMPSON, SUSAN
STREET ADDRESS 32 SPANICH OAK LANE
CITY-ST-ZIP APOPKA FL

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BORJA, JULIE
STREET ADDRESS 3171 FOXWOOD DRIVE
CITY-ST-ZIP APOPKA FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME BORJA, LOUIS
STREET ADDRESS 3171 FOXWOOD DRIVE
CITY-ST-ZIP APOPKA FL

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Roland Best*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-1896 407-327-5824

CP2E037 (12/95)

Foxwood
Annual Report

additional directors:

Ellis, Marlin - Director/Secretary
9 Spanish Oak Lane
Apopka, FL 32703

Troitino, Michael
Director/Treasurer
3318 Briar Way
Apopka, FL 32703

Torchia, Frank
Director
101 Sagewood Court
Apopka, FL 32703