

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90002 007 ****61.25

DOCUMENT # 742500

1. Entity Name

FOXWOOD COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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 LAKE MARY FL 32795-0455

C0022145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1914050

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EPM SERVICES, INC
165 W SR 434
WINTER SPRINGS FL 32708

Name

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

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DV
 NAME: HODGEMIRE, ROXANNE
 STREET ADDRESS: 2815 TAMARACK
 CITY-ST-ZIP: APOPKA FL
 Delete

TITLE: D
 NAME: matt Biegler
 STREET ADDRESS: 15 Orangetwood Ave Court
 CITY-ST-ZIP: Apopka FL 32703
 Change Addition

TITLE: D
 NAME: HOLLAND, ROBERT
 STREET ADDRESS: 3012 AUTUMNWOOD TRAIL
 CITY-ST-ZIP: APOPKA FL 32703
 Delete

TITLE: T/D
 NAME: Pam Rudl
 STREET ADDRESS: 139 HOLLOWAY Branch Rd
 CITY-ST-ZIP: Apopka FL 32703
 Change Addition

TITLE: D
 NAME: LUGO, RAY
 STREET ADDRESS: 3160 HUNTER PLACE
 CITY-ST-ZIP: APOPKA FL 32703
 Delete

TITLE: D S
 NAME: Bobby Tessier
 STREET ADDRESS: 3117 Foxwood Dr.
 CITY-ST-ZIP: Apopka FL 32703
 Change Addition

TITLE: DP
 NAME: SORENSON, CARL
 STREET ADDRESS: 2803 TAMARACK TRAIL
 CITY-ST-ZIP: APOPKA FL 32703
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: D
 NAME: WIEPKING, GARY
 STREET ADDRESS: 3159 FOXWOOD DR
 CITY-ST-ZIP: APOPKA FL 32703
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: D
 NAME: WEISSMAN, HERB
 STREET ADDRESS: 2963 AUTUMNWOOD TRAIL
 CITY-ST-ZIP: APOPKA FL 32703
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Pres *[Signature]* **2/16/01** 407)327-5824
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)