

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90035 016 ****61.25

0067563

DOCUMENT # 742500
 1. Entity Name
FOXWOOD COMMUNITY ASSOCIATION, INC.

Principal Place of Business P.O. BOX 950455 LAKE MARY FL 32795-0455	Mailing Address P.O. BOX 950455 LAKE MARY FL 32795-0455
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2. Principal Place of Business P.O. Box 915322 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 915322 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Longwood FL	City & State Longwood, FL	4. FEI Number 59-1914050	Applied For Not Applicable
Zip 32791-5322	Country USA	Zip 32791-5322	Country Semiride

6. Name and Address of Current Registered Agent EPM SERVICES, INC 165 W SR 434 WINTER SPRINGS FL 32708	7. Name and Address of New Registered Agent USA National Assoc. Management Company 165 W. SR 434 Winter Springs FL 32708
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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]* Marc A. Blum, Pres 3/6/2002
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HODGEMIRE, ROXANNE 2815 TAMARACK APOPKA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, ROBERT 3012 AUTUMNWOOD TRAIL APOPKA FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUGO, RAY 3160 HUNTER PLACE APOPKA FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SORENSEN, CARL 2803 TAMARACK TRAIL APOPKA FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEPKING, GARY 3159 FOXWOOD DR APOPKA FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISSMAN, HERB 2963 AUTUMNWOOD TRAIL APOPKA FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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]* **REQUIRED** 3-5-02 407-327-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment

Additional Directors
Foxwood Community Association, Inc.
Document #742500

341935

Pam Rudl Director/Treasurer
139 Hollow Branch Rd.
Apopka, FL 32703

Jeff Koch Director
2808 Tamarack Trail
Apopka, FL 32703

Chris Orizondo Director
3184 Hunter Place
Apopka, FL 32703