

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90099 026 ****61.25

DOCUMENT # 742500

1. Entity Name
FOXWOOD COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**165 W SR 434
WINTER SPRINGS, FL 32708 US**

Mailing Address
**P.O. BOX 915322
LONGWOOD, FL 32791-5322 US**

20028375



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006 Chg-NP CR2E037 (11/05)

City & State

City & State
Winter Springs FL

4. FEI Number
59-1914050

Applied For
Not Applicable

Zip

Country

Zip

Country

32719 Seminole

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

**NATIONAL ASSOC. MGMT COMPANY
165 W SR 434
WINTER SPRINGS, FL 32708**

Name **PALMERSON LLC**

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

165 W. STATE Rd 434

City **WINTER SPRINGS**

FL

Zip Code **32708**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **DE YOT, ALICE**
STREET ADDRESS **140 SAGEWOOD CT**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **DV** ☐ Change ☒ Addition
NAME **SORENSEN, CARL**
STREET ADDRESS **2803 TAMARACK TRAIL**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **DP** ☐ Delete **CHANGE**
NAME **WEISSMAN, HERBERT L**
STREET ADDRESS **2963 AUTUMNWOOD TRAIL**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **D** ☐ Change ☒ Addition
NAME **BIEGLER, MATT**
STREET ADDRESS **15 ORANGEWOOD CT.**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **D** ☒ Delete
NAME **FORRES, SUSAN**
STREET ADDRESS **3240 AUTUMNWOOD TRL**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **D** ☐ Change ☒ Addition
NAME **ORIZONDO, CHRISTOPHER W.**
STREET ADDRESS **3184 HUNTER PL**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **DS** ☐ Delete **CHANGE**
NAME **HOLLAND, DIANA**
STREET ADDRESS **3012 AUTUMWOOD TRAIL**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **D** ☐ Change ☒ Addition
NAME **TORCHIA, FRANK**
STREET ADDRESS **522 HUNT CLUB BLVD, #406**
CITY-ST-ZIP **APOPKA, FL**

TITLE **DT** ☐ Delete **CHANGE**
NAME **WIEPKING, GARY**
STREET ADDRESS **3159 FOXWOOD DR**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DDP** ☐ Delete **CHANGE**
NAME **FELTNER, SANDY**
STREET ADDRESS **3153 FOXWOOD DR**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/06

407-856-9200