

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90030 046 ****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 PO BOX 197043 WINTER SPRINGS, FL 32719 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1914050	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMERSTON, LLC 165 WEST STATE RD 434 WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	VP DE YOT, ALICE 140 SAGEWOOD CT APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. Frank Torchia 522 Hunt Club Blvd PMB 406 Apopka, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISSMAN, HERBERT L 2963 AUTUMNWOOD TRAIL APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patty Bankson 2 Orange wood Ct. Apopka, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORIZONDO, CHRISTOPHER W 3184 HUNTER PL APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Pritchard 3007 Autumnwood Trl. Apopka, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOLLAND, DIANA 3012 AUTUMWOOD TRAIL APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kim Dunning 156 Sagemood Ct. Apopka, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSEN, CINDY 2803 TAMARACK TRL 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 FELTNER, SANDY 3153 FOXWOOD DR APOPKA, FL 32703	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Diana Holland</i> Diana Holland 6-2-08 407-327-8341					