

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742500

FILED
Feb 23, 2009
Secretary of State

Entity Name: FOXWOOD COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST S.R. 434
SUITE 203
LONGWOOD, FL 327504977 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 197043
WINTER SPRINGS, FL 327197043

New Mailing Address:

FEI Number: 59-1914050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON, LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DE YOT, ALICE
Address: 140 SAGEWOOD CT
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: BANKSON, PATTY
Address: 2 ORANGEWOOD CT
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: ORIZONDO, CHRISTOPHER W
Address: 3184 HUNTER PL
City-St-Zip: APOPKA, FL 32703

Title: DS () Delete
Name: HOLLAND, DIANA
Address: 3012 AUTUMWOOD TRAIL
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: SORENSON, CINDY
Address: 2803 TAMARACK TRL
City-St-Zip: APOPKA, FL 32703

Title: DP () Delete
Name: FELTNER, SANDY
Address: 3153 FOXWOOD DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: TORCHIA, FRANK
Address: 522 HUNT CLUB BLVD.
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY FELTNER

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date