

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91070 010 ****61.25

DOCUMENT # 742500

1. Entity Name

FOXWOOD COMMUNITY ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 915322
LONGWOOD FL 32791-5322
US

Mailing Address

P.O. BOX 915322
LONGWOOD FL 32791-5322
US

2. Principal Place of Business

165 W. SR 434
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Springs FL

City & State

Zip

32708

Country

US

Zip

Country

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

NATIONAL ASSOC. MGMT COMPANY
165 W SR 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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HODGEMIRE, ROXANNE 2815 TAMARACK APOPKA FL | <input type="checkbox"/> Delete |
| 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 | D LUGO, RAY 3160 HUNTER PLACE APOPKA FL 32703 | <input type="checkbox"/> Delete |
| 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 | D WIEPKING, GARY 3159 FOXWOOD DR APOPKA FL 32703 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV WEISSMAN, HERB 2963 AUTUMNWOOD TRAIL APOPKA FL 32703 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <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**

3-11-03

407-327-5824

CR2E037 (10/02)

Attachment 86058241

Foxwood
Document #742500

Additional Directors

Sandy Feltner D/T
3153 Foxwood Drive
Apopka, FL 32703

Jeffrey Koch D
2808 Tamarack Trail
Apopka, FL 32703

Christopher Orizondo D
3184 Hunter Place
Apopka, FL 32703