

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

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90074 043 ****61.25

DOCUMENT # 754690

1. Entity Name

FOXMOOR LAKES MASTER ASSOCIATION, INC.



Principal Place of Business

**C/O GULFSHORE COMMUNITY ASSOCIATION MGNT
76 PONDELLA ROAD SUITE 201
N FT MYERS FL 33906
US**

Mailing Address

**C/O GULFSHORE COMMUNITY ASSOCIATION MGNT
76 PONDELLA ROAD SUITE 201
N FT MYERS FL 33906
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2068748**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GULFSHORES COMMUNITY ASSOC MGT
76 PONDELLA RD.
SUITE #201
FORT MYERS FL 33903**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BROOKS, GERALD**
STREET ADDRESS **15512 CRYSTAL LAKES DRIVE**
CITY-ST-ZIP **NORTH FORT MYERS FL**

TITLE ☐ Change ☒ Addition
NAME **SCHILFFARTH, FRED/LINDA**
STREET ADDRESS **15508 CRYSTAL LAKE DR.**
CITY-ST-ZIP **N. FT. MYERS, FL. 33917**

TITLE **D** ☒ Delete
NAME **BUSBY, BILL**
STREET ADDRESS **15542 CRYSTAL LAKE DR.**
CITY-ST-ZIP **N. FT. MYERS FL 33917**

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

TITLE **D** ☐ Delete
NAME **RAWLINS, HUGH**
STREET ADDRESS **5690 FOXLAKE DR NE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

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

TITLE **VP** ☐ Delete
NAME **FEGLEY, JIM**
STREET ADDRESS **15534 CRYSTAL LAKE DRIVE**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

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

TITLE **ST** ☐ Delete
NAME **BROWN, MARILYN**
STREET ADDRESS **5550 LONGLEAF DR**
CITY-ST-ZIP **N. FT. MYERS FL**

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

TITLE **D** ☐ Delete
NAME **CLATFELTER, MARY**
STREET ADDRESS **5609 FOX LAKE DR**
CITY-ST-ZIP **N. FT. MYERS FL**

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 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:

Handwritten Signature: Gerald F. Brooks
GERALD F. BROOKS 4/17/03

CR2E037 (10/02)