

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90249 038 \*\*\*\*61.25

**DOCUMENT # 755873**

1. Entity Name  
**FOXCROSS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**6500 MARINER SANDS DR  
STUART, FL 34997**

Mailing Address  
**6500 MARINER SANDS DR  
STUART, FL 34997**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2055156**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GERSTNER, LARRY C  
MARINER SANDS  
6500 MARINER SANDS DR  
STUART, FL 34997**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 PD ☐ Delete  
NAME MORAN, JACK  
STREET ADDRESS 6500 MARINER SANDS DR  
CITY-ST-ZIP STUART, FL 34997

TITLE TD ☒ Delete  
NAME LANG, ANTHONY  
STREET ADDRESS 6500 MARINER SANDS DR  
CITY-ST-ZIP STUART, FL 34997

TITLE SD ☐ Delete  
NAME HICKS, GORDON  
STREET ADDRESS 6500 MARINER SANDS DR  
CITY-ST-ZIP STUART, FL 34997

TITLE D ☐ Delete  
NAME CRONIN, KATHRYN T  
STREET ADDRESS 6500 MARINER SANDS DR  
CITY-ST-ZIP STUART, FL 34997

TITLE VPD ☐ Delete  
NAME MCNAMARA, HUGH  
STREET ADDRESS 6500 MARINER SANDS DR  
CITY-ST-ZIP STUART, FL 34997

TITLE D ☐ Delete  
NAME YORK, THOMAS  
STREET ADDRESS 6500 MARINER SANDS DR  
CITY-ST-ZIP STUART, FL 34997

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition  
NAME MORAN, JACK  
STREET ADDRESS 6500 MARINER SANDS DR.  
CITY-ST-ZIP STUART, FL 34997

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #