

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90216 001 ****61.25

DOCUMENT # 760532

1. Entity Name

**FOXWOOD LAKE ESTATES PROPERTY OWNERS' ASSOCIATIO
 N, INC.**

Principal Place of Business

Mailing Address

**4444 U.S. 98 N., #901
 LAKELAND FL 33809
 US**

**4444 U.S. 98 N., #901
 LAKELAND FL 33809
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2851144

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AVERILL, LEROY
 4444 U.S. HWY 98 NORTH
 LAKELAND FL 33809**

Name

CONDON, REDMOND

Street Address (P.O. Box Number is Not Acceptable)

4444 US Hwy 98 North # 472

City

LAKELAND

FL

Zip Code

33809

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.

SIGNATURE **REDMOND CONDON, PRESIDENT**
RICHARD L. FEIGLE, TREASURER

01-26-02

01-26-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required upon 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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	AVERILL, LEROY	
STREET ADDRESS	4444 US HWY 98 N	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SANFORD, SHAW	
STREET ADDRESS	4444 US HWY 98 NORTH	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMP, RICHARD	
STREET ADDRESS	4444 U.S. HWY., 98 NORTH #502	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FEIGLE, RICHARD L	
STREET ADDRESS	4444 US HWY NORTH # 610	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANIAK, RUTH	
STREET ADDRESS	4444 U.S. HWY. 98, NORTH # 568	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONDON, REDMOND	
STREET ADDRESS	4444 US HWY 98 N	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDON, REDMOND	
STREET ADDRESS	4444 US HWY 98 NORTH # 472	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	SANFORD, SHAW D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, SANFORD	
STREET ADDRESS	4444 US HWY 98 NORTH # 557	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET WILSON	
STREET ADDRESS	4444 US HWY 98 NORTH # 848	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEN SARVER	
STREET ADDRESS	4444 US HWY 98 NORTH # 724	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM MAIRE	
STREET ADDRESS	4444 US HWY 98 NORTH # 771	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM DE ARMAN	
STREET ADDRESS	4444 US HWY 98 NORTH # 390	
CITY-ST-ZIP	LAKELAND FL 33809	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **RICHARD L. FEIGLE, TREASURER** **01-26-02** **859-6615**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)