
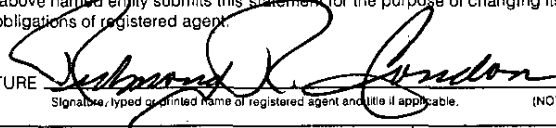
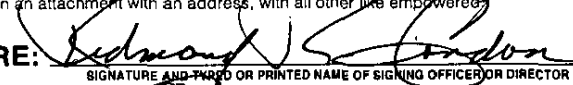


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90012 027 ****61.25

DOCUMENT # 760532					
1. Entity Name FOXWOOD LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4444 U.S. 98 NORTH LOT 901 LAKELAND, FL 33809 US		Mailing Address 4444 U.S. 98 NORTH LOT 901 LAKELAND, FL 33809 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2851144	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONDON, REDMOND 4444 U.S. 98 NORTH LOT 901 LAKELAND, FL 33809			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 				DATE 1-29-04	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CONDON, REDMOND	NAME	Richard Camp		
STREET ADDRESS	4444 U.S. HWY 98 NORTH #472	STREET ADDRESS	4444 U.S. Hwy 98 No. #502		
CITY-ST-ZIP	LAKELAND, FL 33809	CITY-ST-ZIP	Lakeland FL 33809		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSANNE, STAFFORD	NAME			
STREET ADDRESS	4444 US HWY 98 NORTH 502	STREET ADDRESS	4444 US Hwy. 98 No. 417		
CITY-ST-ZIP	LAKELAND, FL 33809	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILSON, JANET	NAME	Tom Janzen		
STREET ADDRESS	4444 U.S. HWY 98 NORTH #848	STREET ADDRESS	4444 US Hwy 98 No. 486		
CITY-ST-ZIP	LAKELAND, FL 33809	CITY-ST-ZIP	Lakeland FL 33809		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KRAHENBUL, MARY J	NAME	Leora Zawacki		
STREET ADDRESS	4444 US HWY 98 NORTH 512	STREET ADDRESS	4444 US Hwy. 98 No. 479		
CITY-ST-ZIP	LAKELAND, FL 33809	CITY-ST-ZIP	Lakeland FL 33809		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAIRE, BILL	NAME	Bill Parker		
STREET ADDRESS	4444 US HWY 98 NORTH 771	STREET ADDRESS	4444 US Hwy 98 No. 772		
CITY-ST-ZIP	LAKELAND, FL 33809	CITY-ST-ZIP	Lakeland FL 33809		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPIONE, RALPH	NAME			
STREET ADDRESS	4444 US HWY 98 NORTH 771	STREET ADDRESS	4444 US Hwy 98 No. 631		
CITY-ST-ZIP	LAKELAND, FL 33809	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: 				DATE 1-29-04	
Signature and typed or printed name of signing officer or director				Date	