


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90025 027 ****61.25

DOCUMENT # 760532					
1. Entity Name FOXWOOD LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4848 FOXWOOD BLVD., UNIT #901 LAKELAND, FL 33810-2066 US			Mailing Address 4848 FOXWOOD BLVD., UNIT #901 LAKELAND, FL 33810-2066 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CONDON, REDMOND 4848 FOXWOOD BLVD., UNIT #901 LAKELAND, FL 33810-2066				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONDON, REDMOND		NAME	1605 TALLY HO DRIVE	
STREET ADDRESS	4444 U.S. HWY 98 NORTH #472		STREET ADDRESS	LAKELAND, FL 33810	
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSANNE, STAFFORD		NAME	LEE ZAWACKI	
STREET ADDRESS	4444 US HWY 98 NORTH 417		STREET ADDRESS	1669 TALLY HO DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JANET		NAME	4930 LOCH NESS DR.	
STREET ADDRESS	4444 U.S. HWY 98 NORTH #848		STREET ADDRESS	LAKELAND, FL 33810	
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	ASST. T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAHENBUL, MARY J		NAME	5007 FOX CLIFF DRIVE	
STREET ADDRESS	4444 US HWY 98 NORTH 512		STREET ADDRESS	LAKELAND, FL 33810	
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, BILL		NAME	GEORGE ENGEL	
STREET ADDRESS	4444 US HWY 98 NORTH 772		STREET ADDRESS	1586 HEATHER HILL DR.	
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPIONE, RALPH		NAME	TOM JANZEN	
STREET ADDRESS	4444 US HWY 98 NORTH 631		STREET ADDRESS	4823 FOXWOOD BLVD.	
CITY-ST-ZIP	LAKELAND, FL 33809		CITY-ST-ZIP	LAKELAND, FL 33810	
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: <i>Lee Zawacki</i>		LEE ZAWACKI		7-27-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

50058824



07152005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2851144 Applied For Not Applicable

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

863-859-1347



ATTACHMENT
5005882f

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 15, 2005

FOXWOOD LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.
4848 FOXWOOD BLVD., UNIT #901
LAKELAND, FL 33810-2066 US

SUBJECT: FOXWOOD LAKE ESTATES PROPERTY OWNERS'
ASSOCIATION, INC.
Ref. Number: 760532

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 405A00046771

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50058824

2005 - FOXWOOD LAKE ESTATES
P.O.A.

DOCUMENT # 760532

OFFICERS & DIRECTORS

DIRECTOR

BRENDA KERSTETTER

1816 QUAIL HILL DRIVE

LAKE LAND, FL. 33810

DIRECTOR

RICHARD CAMP

4909 FOXWOOD BLVD.

LAKELAND, FL. 33810