
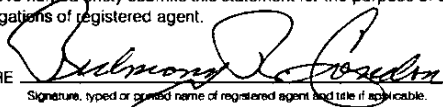


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90105 036 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2851144	
Zip		Country		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 4848 FOXWOOD BLVD., UNIT #901 LAKELAND, FL 33810-2066			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 		(NOTE: Registered Agent signature required when reinstating)		DATE 1-12-08	
Filing Fee is \$61.25 Due by May 1, 2008		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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONDON, REDMOND		NAME	RICHARD COURTNEY	
STREET ADDRESS	1605 TALLY HO DRIVE		STREET ADDRESS	1638 TALLY HO DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAWACKI, LEE		NAME	EDWARD TOMON	
STREET ADDRESS	1669 TALLY HO DRIVE		STREET ADDRESS	1818 SHERWOOD HILL DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, JANET		NAME	DWAYNE PROCTOR	
STREET ADDRESS	4930 LOCHNESS DR		STREET ADDRESS	4928 FOXDALE DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMP, RICHARD		NAME		
STREET ADDRESS	1654 TALLY HO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, GEORGE		NAME		
STREET ADDRESS	1586 HEATHER HILL DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANZEN, TOM		NAME		
STREET ADDRESS	4823 FOXWOOD BLVD		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LEE ZAWACKI TREASURER		DATE: 1-12-08		DAYTIME PHONE #: 863-859-6615	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	