2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 08, 2004 8:00 am Secretary of State DOCUMENT # N20646 1. Entity Name 04-08-2004 90027 011 ****70.00 FOXWOOD FARMS RESIDENTS, INC. Principal Place of Business Mailing Address 4500 NW BLITCHTON & Rd Lot 64 4500 NW BLITCHTON CO P 44041941 **OCALA FL 34482 OCALA FL 34482** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State 4. FEI Number City & State NO-T APPLICABLE Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FURNEISEN, ALICE E 4500 NW BLITCHTON RD #38 OGALA FL-34482 City Ocala 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. (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable FILE NOW: FEE IS \$61.25 **\$5.00** May Be Make Check Payable to 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE ☐ Delete TITLE FURNEISEN, ALICE L NAME NAME 4500 NW BLITCHTON RD #38 STREET ADDRESS STREET ADDRESS OCALA FL 34482 CITY-ST-ZIP CITY-ST-ZIP SDOW Nochange Addition Delete TITLE TITLE JEANNETTE, CAROLYN NAME NAME 4500 NW BLITCHTON RD #305 STREET ADDRESS STREET ADDRESS OCALA FL 34482 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE SALIN, BUD NAME NAME 4500 NW BLITCHTON RD LOT # 207 STREET ADDRESS STREET ADDRESS **OCALA FL 34482** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE No change LAUN, PAUL NAME NAME 4500 NW BLITCHTON RD #55 STREET ADDRESS STREET ADDRESS OCALA FL 34482 CITY-ST-ZIP CiTY-ST-ZIP Addition Change TITLE TITLE BROWN, PAT NAME NAME 1865 464 AUD 2005 NW 45 TERRACE STREET ADDRESS STREET ADDRESS OCALA FL 34482 CITY-ST-ZIF CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 34482 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 eath; 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. 352-351-4468

FILED