07-17-2003 90026 014 ****70.00

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20646

1. Entity Name

FOXWOOD FARMS RESIDENTS, INC.



Principal Plac	ce of Business	Mailing Address		ļ				
1863 NW 45TH	TERRACE	1863 NW 45TH TERRACE		ļ				
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4500	Place of Business H. H. C. F. O. F. Pa	3. Mailing Address 4500 N. V. F.	Elitekton				OLY BEDIE OFER BIDIE	
Suite, Apt.		Suite, Apt. #, etc.	accerción!		· ~ /			
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City & Stat	le .	City & State			4. FEI Number MC	OT APPLICABLE	I App	red For
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34	482 Marion	34482	mario	ישריי	5. Certificate of Sta	atus Desired - 🝱	Fee Required	i Gi i di
	6. Name and Address of Current R	egistered Agent			7. Name and Add	ress of New Registered	Agent	
***			Name	10	97			
SCHREPFERMAN, ROBERT W				ju	era. Vi	erneise	<u>~</u>	
	45TH TERRACE		Street Ac	ddress (F	P.O. Bex Number is N	let Acceptable	KA #3.	P
OCALA F				7	200)	21.	
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3/8/ J	<u>**</u> 4.16.1		City			Fi	Zip Code	
R The above	named entity submits this statement for t	he purpose of changing its re	egistered office or	registere	ed agent or both in t	the State of Florida Lam	familiar with at	nd accept
	tions of registered agent.	the purpose of chariging its it	egistered office of	registere	o agent, or both, in	ine clate of Florida. Tail	i idiimidi witii, di	id accept
•	(10 ° 0 11							_
SIGNATURE Micar Turneisen						グー	-15-0.	3
SIGNATORE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signatu	re required v	when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25	9. Election Camp	naign Financing		f= 00	Maka Chae	k Payable to	
	tember 10, 2003, mín will be \$23				\$5.00 May Be Added to Fees	Florida Depa		
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10. E	OFFICERS AND DIRE TD FERNSTER, WARREN 4500 N.W. BLITCHTOWN RD LOT	CTORS Delete	TITLE NAME	, A	DDITIONS/CHANGE	Furneis Blitchter	RECTORS IN 1	O Addition
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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.

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-03 629-