


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90091 018 ****61.25

DOCUMENT # N41468			
1. Entity Name FOXWOOD VILLAGE ASSOCIATION, INC.			
Principal Place of Business 4444 U.S. HWY. 98 N. LAKELAND, FL 33809 US		Mailing Address 4444 U.S. HWY. 98 N. LAKELAND, FL 33809 US	
2. Principal Place of Business 4700 Foxwood Blvd Suite, Apt. #, etc.		3. Mailing Address 4700 Foxwood Blvd Suite, Apt. #, etc. Box AA	
City & State Lakeland FL		City & State Lakeland FL	
Zip 33810	Country USA	Zip 33810	Country USA
4. FEI Number 59-3047294		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 WANDERSEE, WILLIAM 4444 US HWY 98 N., LOT 67 LAKELAND, FL 33809		7. Name and Address of New Registered Agent Name DIANE V. DUNN Street Address (P.O. Box Number is Not Acceptable) 1569 Black Forest Dr City Lakeland FL Zip Code 33810	
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 <u>Diane V. Dunn</u>		SIGNATURE <u>Diane V. Dunn</u> DATE <u>4-6-05</u>	
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, PHYLLIS 4444 US HWY 98N LOT 77 LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President George Tower 1502 Heather Hill Dr. Lakeland FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLE, DUFFY 4444 US HWY 98 N LOT 77 LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Francis (DUFFY) Cole 1622 Bassett Dr. Lakeland FL 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, JUDITH 4444 US HWY 98 N., LOT 100 LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Richard Jackson 1611 Gallahad Dr. Lakeland FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTRY, FRAN 4444 US HWY 98 N, LOT 78 LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Diane V. Dunn 1569 Black Forest Dr Lakeland FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENHAM, WANE 4444 US HWY 98 N., LOT 72 LAKELAND, FL 33809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jeanett Denham 1621 Waking Horse Dr. Lakeland FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HESS, GEORGE 4444 US HWY 98 N., LOT 347 LAKELAND, FL 33809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George Hess 16548 Bassett Dr. Lakeland FL 33810 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Diane V. Dunn</u>		SIGNATURE <u>Diane V. Dunn</u> DATE <u>4-6-05</u> 863 815-4629	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

% D O - 0 2 4 6 6 6 6 6 6 D &

04062005 Chg-NP CR2E037 (10/03)