


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90289 011 ****61.25

DOCUMENT # N41468	
1. Entity Name FOXWOOD VILLAGE ASSOCIATION, INC.	

Principal Place of Business 4700 FOXWOOD BLVD LAKELAND, FL 33810 US	Mailing Address 4700 FOXWOOD BLVD BOX AA LAKELAND, FL 33810 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

04072006 Chg-NP CR2E037 (11/05)



4. FEI Number 59-3047294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DUNN, DIANE V 1569 BLACK FOREST DR LAKELAND, FL 33810	
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7. Name and Address of New Registered Agent Name <u>TERRY HAAS</u> Street Address (P.O. Box Number is Not Acceptable) <u>1528 VALIENT DR.</u> City <u>LAKELAND</u> FL Zip Code <u>33810</u>	
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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>TERRY HAAS</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>Terry Haas</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE <u>4/7/06</u>

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P TOWER, GEORGE 1502 HEATHER HILL DR LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VP COLE, FRANCIS 1622 BASSETT DR LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S JACKSON, RICHARD 1611 GALLAHAD DR LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
T DUNN, DIANE V 1569 BLACK FOREST DR LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D DENHAM, JEANETTE 1621 WALKING HORSE DR LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D HESS, GEORGE 1654 BASSETT DR LAKELAND, FL 33810	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP STRADER, BOB 1591 VALIENT DR LAKELAND FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T HAAS, TERRY 1528 VALIENT DR. LAKELAND FL. 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD MICHUDA, MIKE 1574 GARRISON DR. LAKELAND FL. 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D JOHNSON, CONNIE 1577 BLACK FOREST 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 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: <u>TERRY HAAS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Terry Haas</u> <small>Date</small>	<u>04/07/06</u> <small>Daytime Phone #</small>
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ATTACHMENT
2006 NOT FOR PROFIT CORPORATION
ANNUAL REPORT
DOCUMENT # N41468 / 60025740
FOXWOOD VILLAGE ASSOCIATION INC.

DIRECTOR

NICKER, ANDY

1588 KING ARTHURS CT.

LAKE LAND FL. 33810