


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90037 001 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TOWER, GEORGE F. 1502 HEATHER HILL DR. LAKELAND, FL 33810				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 <u>GEORGE F. TOWER</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1/20/08</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	P TOWER, GEORGE 1502 HEATHER HILL DR LAKELAND, FL 33810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURMAN WHITAKER 1511 EXCALIBUR CT. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRADER, BOB 1591 VALIENT DR LAKELAND, FL 33810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIANE JACKSON 1611 GALLAHAD DR. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DRAGON, LARRY 1624 CUTTER LANE LAKELAND, FL 33810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUSTER, D. EDITH 1617 WALKING HORSE DR LAKELAND, FL 33810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHUDA, MIKE 1574 GARRISON DR LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CONNIE 1577 BLACK FOREST DR LAKELAND, FL 33810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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: <u>GEORGE F. TOWER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>1/20/08</u> <small>Date</small>	
				DAYTIME PHONE # <u>863-8160921</u> <small>Daytime Phone #</small>	