


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90022 046 ****61.25

DOCUMENT # N97000003895					
1. Entity Name FOXTREE WEST PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 6568 FOX CREST LANE LAKELAND, FL 33813 US			Mailing Address 6568 FOX CREST LANE LAKELAND, FL 33813 US		
2. Principal Place of Business 6589 Fox Crest Lane Suite, Apt. #, etc.			3. Mailing Address 6589 Fox Crest Ln Suite, Apt. #, etc.		
City & State Lakeland, FL Zip 33813		City & State Lakeland, FL Zip 33813		4. FEI Number 59-3460200	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURTON, SHARON 6568 FOX CREST LANE LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name: Fran Boyer Street Address (P.O. Box Number is Not Acceptable): 6589 Fox Crest Ln City: Lakeland, FL Zip Code: 33813	
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>Fran R. Boyer</u> <u>Fran R. Boyer</u> (NOTE: Registered Agent signature required when re-registering)					
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 P NAME DAVIS, ROBIN STREET ADDRESS 6568 FOX CREST LANE CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SUMAN, ALLEN STREET ADDRESS 6590 FOX CREST LANE CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME BOYER, FRAN STREET ADDRESS 6589 FOX CREST LANE CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME TRUDICS, GINGER STREET ADDRESS 6578 FOX CREST LANE CITY-ST-ZIP LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete		TITLE NAME Shari Brase STREET ADDRESS 6589 Fox Crest Lane CITY-ST-ZIP Lakeland, FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DAVIS, ROBIN STREET ADDRESS 6568 FOX CREST LN. CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE M NAME KAPLAN, JASON STREET ADDRESS 6565 FOX CREST LANE CITY-ST-ZIP LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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>Fran R. Boyer</u> <u>Fran Boyer</u> <u>2/14/05</u> <u>(863) 648-9204</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					