

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90159 011 \*\*\*\*61.25

**DOCUMENT # N10471**

1. Entity Name

**FOX HAVEN OF FOXFIRE CONDOMINIUM IV ASSOCIATION, INC.**

Principal Place of Business

4600 ENTERPRISE AVE  
 SUITE A  
 NAPLES FL 33942  
 US

Mailing Address

4600 ENTERPRISE AVE  
 SUITE A  
 NAPLES FL 33942  
 US

2. Principal Place of Business

Bayview Property mgmt.

Suite, Apt. #, etc.

4600 Enterprise Ave, Ste A

City & State

Naples, FL

Zip

34104

Country

US

3. Mailing Address

Bayview Property mgmt.

Suite, Apt. #, etc.

4600 Enterprise Ave, Ste A

City & State

Naples, FL

Zip

34104

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2672807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, RUSSELL J  
 4600 ENTERPRISE AVE  
 STE A  
 NAPLES FL 34104

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE VPD ☒ Delete  
 NAME BIXBY, DON  
 STREET ADDRESS 400 FOXHAVEN DR., 4304  
 CITY-ST-ZIP NAPLES FL 34104

TITLE PDD ☐ Delete  
 NAME THOMPSON, STAN  
 STREET ADDRESS 400 FOX RAVEN DR #4102  
 CITY-ST-ZIP NAPLES FL 34104

TITLE ST- ☐ Delete  
 NAME BEZAK, JOHN  
 STREET ADDRESS 400 FOXHAVEN DR # 4104  
 CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Change ☐ Addition  
 NAME Ewen, Julius  
 STREET ADDRESS 400 Foxhaven Drive #4206  
 CITY-ST-ZIP Naples, FL 34104

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-02

Date

434-6100

Daytime Phone #

CR2E037 (9/01)