

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90042 024 ****61.25

DOCUMENT # 743559			
1. Entity Name FOXWOOD ESTATES PROPERTY OWNERS ASSOCIATION INC.			
Principal Place of Business 4998 ALDER DRIVE WEST PALM BEACH FL 33417		Mailing Address 4998 ALDER DRIVE WEST PALM BEACH FL 33417	
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



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent MESCHES, LARRY M PA 222 LAKESVIEW AVE #260 WEST PALM BEACH FL 33401		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. I am familiar with, and accept the obligations of registered agent.

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 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVELY, EUNICE	NAME	JAMES COOK
STREET ADDRESS	4808-D ALDER DR	STREET ADDRESS	4928 D ALDER DR.
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	WEST PALM BCH FL. 33417
TITLE	ST <input type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REBILLARD, CHARLOTTE	NAME	JOHN SHAW
STREET ADDRESS	4968B-ALDER DR	STREET ADDRESS	4871 MARBELLA RD SOUTH
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	WEST PALM BCH FL. 33417
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERNER, TINA	NAME	WILLIAM HAIGH
STREET ADDRESS	4941 A ALDER DR	STREET ADDRESS	4874 MARBELLA RD
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	WEST PALM BCH FL. 33417
TITLE	BM <input type="checkbox"/> Delete	TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, JAMES	NAME	RICHARD MANN
STREET ADDRESS	4928 D ALDER DR	STREET ADDRESS	4890 MARBELLA RD SOUTH
CITY-ST-ZIP	WEST PALM BEACH FL 33417	CITY-ST-ZIP	WEST PALM BCH FL. 33417
TITLE	<input type="checkbox"/> Delete	TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	NANCY BORDEN
STREET ADDRESS		STREET ADDRESS	4826 A ALDER DR.
CITY-ST-ZIP		CITY-ST-ZIP	WEST PALM BCH FL. 33417
TITLE	<input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	CHARLOTTE REBILLARD
STREET ADDRESS		STREET ADDRESS	4968 BALOER DR.
CITY-ST-ZIP		CITY-ST-ZIP	WEST PALM BCH FL. 33417

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Eunice Lively - President

2-28-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #