

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743747

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** FOXFIRE WEST HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4950 HUBNER CIR  
SARASOTA, FL 34241 US

**New Principal Place of Business:**

4930 HUBNER CIR  
SARASOTA, FL 34241 US

**Current Mailing Address:**

46 NORTH WASHINGTON BLVD.  
SUITE 1  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 59-2651738      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LPS CORPORATE SERVICES INC  
46 N. WASHINGTON BLVD.  
STE 1  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MANNING, WAYNE  
Address: 4930 HUBNER CIRCLE  
City-St-Zip: SARASOTA, FL 34241

Title: DS  
Name: OLSEN, CARL  
Address: 4926 HUBNER CIRCLE  
City-St-Zip: SARASOTA, FL 34242

Title: DV  
Name: MARCONI, JOE  
Address: 4922 HUBNER CIR  
City-St-Zip: SARASOTA, FL 34241

Title: DT  
Name: HOWARD, DARREN  
Address: 4844 HOYER DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: D  
Name: MCFADDEN, DOUG  
Address: 4863 HOYER DRIVE  
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WAYNE MANNING

DP

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date