

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90058 032 ****61.25

DOCUMENT # N26653

1. Entity Name

FOXHAVEN NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**5100 TOWN CENTER BLVD.
ORLANDO FL 32837
US**

Mailing Address

**5100 TOWN CENTER BLVD.
ORLANDO FL 32837
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

14101 Town Loop Blvd

Suite, Apt. #, etc.

14101 Town Loop Blvd.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2898742**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAN, PAUL L

WEAN & MALCHOW, PA

**12805 EAST ROBINSON ST., SUITE A
ORLANDO FL 32801**

Name:

Street Address (P.O. Box Number is Not Acceptable)

1305

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **PD** ☒ Delete
NAME **CRUDUP, CHARLES**
STREET ADDRESS **2884 FALLING TREE CIR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☒ Change ☐ Addition
NAME **BAKER, DAWN**
STREET ADDRESS **2958 Falling Tree Circle**
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **KISHBAUGH, TROY A**
STREET ADDRESS **2801 FALLING TREE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☒ Change ☐ Addition
NAME **SERRA, Frank**
STREET ADDRESS **2913**
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **KRUSE, PAUL**
STREET ADDRESS **2918 FALLING TREE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☒ Change ☐ Addition
NAME **LIOTINE, Tina**
STREET ADDRESS **14525 Foxhaven Boulevard**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 TINA LIOTINE

11603

407-240-0162

CR2E037 (10/02)