2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742500

Entity Name: FOXWOOD COMMUNITY ASSOCIATION, INC.

FILED Mar 10, 2016 **Secretary of State** CC1766112450

Current Principal Place of Business:

C/O PREFERRED COMMUNITY MANAGEMENT, INC.

4962 N. PALM AVE

WINTER PARK, FL 32792

Current Mailing Address:

C/O PREFERRED COMMUNITY MANAGEMENT, INC.

P.O. BOX 4129

WINTER PARK, FL 32793

FEI Number: 59-1914050 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRASCA, JOSEPH C/O PREFERRED COMMUNITY MANAGEMENT, INC. 4962 N. PALM AVE

WINTER PARK, FL 32792 US

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title DIRECTOR, TREASURER

Name WEISSMAN, HERBERT Name TORCHIA, FRANK

C/O PREFERRED COMMUNITY C/O PREFERRED COMMUNITY Address Address

MANAGEMENT, INC. MANAGEMENT, INC.

P.O. BOX 4129 P.O. BOX 4129

WINTER PARK FL 32793 WINTER PARK FL 32793 City-State-Zip: City-State-Zip:

Title DIRECTOR, VP Title DS

SORENSON, CINDY HOLLAND, DIANA Name Name

C/O PREFERRED COMMUNITY C/O PREFERRED COMMUNITY Address Address MANAGEMENT, INC. MANAGEMENT, INC.

P.O. BOX 4129 P.O. BOX 4129

WINTER PARK FL 32793 City-State-Zip: WINTER PARK FL 32793 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR**

Name FELTNER, SANDY Name HOLLAND, ROBERT

C/O PREFERRED COMMUNITY C/O PREFERRED COMMUNITY Address Address

MANAGEMENT, INC. MANAGEMENT, INC.

P.O. BOX 4129 P.O. BOX 4129

City-State-Zip: WINTER PARK FL 32793 City-State-Zip: WINTER PARK FL 32793

Title **DIRECTOR** Title DIRECTOR

DE COSTA, MOISES Name Name WINKLER, ROBIN

C/O PREFERRED COMMUNITY C/O PREFERRED COMMUNITY Address Address

MANAGEMENT, INC. MANAGEMENT, INC.

P.O. BOX 4129 P.O. BOX 4129

WINTER PARK FL 32793 WINTER PARK FL 32793 City-State-Zip: City-State-Zip:

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.

03/10/2016 SIGNATURE: HERBERT WEISSMAN PRESIDENT