2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742500

Entity Name: FOXWOOD COMMUNITY ASSOCIATION, INC.

FILED Feb 03, 2022 Secretary of State 6800171793CC

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 US

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

HOLLAND, ROBERT

above, or on an attachment with all other like empowered.

WINTER PARK FL 32793

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:

Name

Name

Date Electronic Signature of Registered Agent

Name

Name

BOCCARD, JACQUELINE

WINTER PARK FL 32793

Officer/Director Detail:

WINTER PARK, FL 32792 US

Title DIRECTOR, TREASURER Title DIRECTOR, VP

Name WEISSMAN, HERBERT Name SORENSON, CINDY

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:

DIRECTOR Title Title DIRECTOR, SECRETARY HOLLAND, DIANA BOCCARD, MARY ANNE

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 PRESIDENT, DIRECTOR

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: City-State-Zip:

Title DIRECTOR Title **DIRECTOR**

Name HERTZBERG, RICHARD Name PAIEWONSKY, ELI

C/O PREFERRED COMMUNITY Address C/O PREFERRED COMMUNITY 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

02/03/2022 SIGNATURE: BOCCARD, JACQUELINE PRESIDENT