2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742500

Entity Name: FOXWOOD COMMUNITY ASSOCIATION, INC.

FILED
Mar 15, 2017
Secretary of State
CC0508845129

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:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title DIRECTOR, TREASURER

Name WEISSMAN, HERBERT Name TORCHIA, FRANK

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

Address C/O PREFERRED COMMUNITY MANAGEMENT, INC.

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

0. 60. 4129

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

Title DIRECTOR, SECRETARY Title VP, DIRECTOR

Name SORENSON, CINDY Name HOLLAND, DIANA

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

MANAGEMENT, INC.

MANAGEMENT, INC.

D. O. POY 4130

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

Name FELTNER, SANDY Name HOLLAND, ROBERT

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

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

Name DE COSTA, MOISES Name HERNANDEZ, JAVIER

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

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

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: WEISSMAN, HERBERT PRESIDENT 03/15/2017