

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742500

FILED
Feb 20, 2024
Secretary of State
7316926506CC

Entity Name: FOXWOOD COMMUNITY ASSOCIATION, INC.

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
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 DIRECTOR
Name HOLLAND, AMANDA
Address C/O PREFERRED COMMUNITY MANAGEMENT, INC. P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR
Name SORENSON, CINDY
Address C/O PREFERRED COMMUNITY MANAGEMENT, INC. P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR
Name HOLLAND, DIANA
Address C/O PREFERRED COMMUNITY MANAGEMENT, INC. P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR, SECRETARY
Name BOCCARD, MARY ANNE
Address C/O PREFERRED COMMUNITY MANAGEMENT, INC. P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR, VP
Name HOLLAND, ROBERT
Address C/O PREFERRED COMMUNITY MANAGEMENT, INC. P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title PRESIDENT, DIRECTOR
Name BOCCARD, JACQUELINE
Address C/O PREFERRED COMMUNITY MANAGEMENT, INC. P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR
Name CHURAMAN, DOUGLAS A
Address C/O PREFERRED COMMUNITY MANAGEMENT, INC. P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR, TREASURER
Name PAIEWONSKY, ELI
Address C/O PREFERRED COMMUNITY MANAGEMENT, INC. P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

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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: BOCCARD , JACQUELINE

PRESIDENT

02/20/2024

Officer/Director Detail Continued :

Title DIRECTOR
Name LACY, DERON
Address C/O PREFERRED COMMUNITY MANAGEMENT,
 INC.
 P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793