

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754690

Entity Name: FOXMOOR LAKES MASTER ASSOCIATION, INC.**Current Principal Place of Business:**1010 NE 9 STREET
UNIT 1
CAPE CORAL, FL 33909**Current Mailing Address:**1010 NE 9 STREET
UNIT 1
CAPE CORAL, FL 33909 US**FEI Number:** 59-2068748**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMPASS ROSE MANAGEMENT
1010 NE 9 STREET
UNIT 1
CAPE CORAL, FL 33909 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:** TOSH TRICAS

04/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name PAGE, MARIA
Address 1010 NE 9 STREET
 UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title TREASURER
Name GASTAUER, BARBARA
Address 1010 NE 9 STREET
 UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title D
Name KIME, WILMA
Address 1010 NE 9 STREET
 UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title SECRETARY
Name LIGNELL, SANDRA
Address 1010 NE 9 STREET
 UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name JOSEPH, CONNELL
Address 1010 NE 9 STREET
 UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name KING, JOETTA
Address 1010 NE 9 STREET
 UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name SOSENSKY, DORI
Address 1010 NE 9 STREET
 UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title VP
Name ALLEN, JERRY
Address 1010 NE 9 STREET
 UNIT 1
City-State-Zip: CAPE CORAL FL 33909

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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: SANDRA LIGNELL

SECRETARY

04/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GORTZ, KATHY
Address 1010 NE 9 STREET
UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name KELLY, JOHN
Address 1010 NE 9 STREET
UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name VILLANI, CARMEN
Address 1010 NE 9 STREET
UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name BETTENCOURT, ARLENE
Address 1010 NE 9 STREET
UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name FAIR, GARY
Address 1010 NE 9 STREET
UNIT 1
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name REDMOND, MAURA
Address 1010 NE 9 STREET
UNIT 1
City-State-Zip: CAPE CORAL FL 33909