

**2023 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

04/25/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title	VP
Name	ROSNER, MICHAEL
Address	COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET SUITE A
City-State-Zip:	CAPE CORAL FL 33909

Title	TREASURER
Name	WILLIAMS, CAROL
Address	COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET SUITE A
City-State-Zip:	CAPE CORAL FL 33909

Title	SECRETARY
Name	RUSSELL, KATHRYN
Address	COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET SUITE A
City-State-Zip:	CAPE CORAL FL 33909

Title	DIRECTOR
Name	CORSI, JOY
Address	COMPASS ROSE MANAGEMENT 1010 NE 9TH STREET SUITE A
City-State-Zip:	CAPE CORAL FL 33909

*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:** BILL PERETTO

PRESIDENT

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date