2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2015
Secretary of State
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Entity Name: FOXWOOD LAKE ESTATES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4848 FOXWOOD BLVD., UNIT #901
LAKELAND, FL 33810-2066

Current Mailing Address:

4848 FOXWOOD BLVD., UNIT #901
LAKELAND, FL 33810-2066 US

FEI Number: 59-2851144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, JOHN
4848 FOXWOOD BLVD., UNIT #901
LAKELAND, FL 33810-2066 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: JOHN JOHNSON 01/12/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES
Name	JOHNSON, JOHN
Address	4848 FOXWOOD BLVD., UNIT #901
City-State-Zip:	LAKELAND FL 33810-2066

Title	VP
Name	SILVA, LIONEL
Address	5062 FOXCLIFF DRIVE
City-State-Zip:	LAKELAND FL 33810

Title	DIR
Name	LONG, ROBERT
Address	1611 FOXWAY DRIVE
City-State-Zip:	LAKELAND FL 33810

Title	TREA
Name	PASTORE, PATRICIA H
Address	4851 FOXWOOD BLVD
City-State-Zip:	LAKELAND FL 33810

Title	SEC
Name	BREHENY, MAUREEN
Address	1573 HEATHER HILL DRIVE
City-State-Zip:	LAKELAND FL 33810

Title	DIR
Name	BRYCE, CHUCK .
Address	5082 FOX CLIFF DRIVE
City-State-Zip:	LAKELAND FL 33810

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: PATRICIA H. PASTORE TREASURER 01/12/2015

Electronic Signature of Signing Officer/Director Detail — Date