

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N14876

Entity Name: FOXWOOD LAKE ESTATES SOCIAL CLUB, INC.**Current Principal Place of Business:**4848 FOXWOOD BLVD
UNIT 902
LAKELAND, FL 33810**Current Mailing Address:**4848 FOXWOOD BLVD
UNIT 902
LAKELAND, FL 33810**FEI Number:** 59-2384268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHITENBURG, PEGGY ANN
1787 SHERWOOD HILL DR
LAKELAND, FL 33810 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:** PEGGY ANN WHITENBURG

01/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name WHITENBURG, PEGGY
Address 1787 SHERWOOD HILL DRIVE
City-State-Zip: LAKELAND FL 33810

Title PRESIDENT
Name MAIRE, ARDITH
Address 1819 FOXHILL DR
City-State-Zip: LAKELAND FL 33810

Title SECRETARY
Name DUNCAN, LESLEY
Address 5086 FOX CLIFF DR
City-State-Zip: LAKELAND FL 33810

Title VP
Name DECKER, KAREN
Address 5090 FOX CLIFF DR
City-State-Zip: LAKELAND FL 33810

Title DIRECTOR
Name OTT, BOBBI
Address 1732 QUAIL HILL
City-State-Zip: LAKELAND FL 33810

Title DIRECTOR
Name KRUSE, LYNN
Address 5029 FOXWOOD BLVD
City-State-Zip: LAKELAND FL 33810

Title DIRECTOR
Name KEIM, VICKIE
Address 1816 QUAIL HILL DR
City-State-Zip: LAKELAND FL 33810

Title DIRECTOR
Name WILLS, MARY KAY
Address 5087 LODGEWOOD DR
City-State-Zip: LAKELAND FL 33810

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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: PEGGY ANN WHITENBURG

TREASURER

01/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NEWMAN, SHIRLEY
Address	4924 FOXDALE DR
City-State-Zip:	LAKELAND FL 33810