

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20646

Entity Name: FOXWOOD FARMS RESIDENTS, INC.**Current Principal Place of Business:**1860 NW 46TH CIRCLE
OCALA, FL 34482**Current Mailing Address:**1860 NW 46TH CIRCLE
OCALA, FL 34482 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VANDE VELDE, JAMES R
1860 NW 46TH CIRCLE
OCALA, FL 34482 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:** JAMES R. VANDE VELDE

03/07/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WHITKANACK, META DARLENE
Address 1860 NW 46TH CIRCLE
City-State-Zip: Ocala FL 34482

Title PRESIDENT
Name STARK, JOHN
Address 1860 NW 46TH CIRCLE
City-State-Zip: Ocala FL 34482

Title TREASURER
Name VANDE VELDE, JIM
Address 1860 NW 46TH CIRCLE
City-State-Zip: Ocala FL 34482

Title VP
Name MCGANN, THOMAS
Address 2190 NW 47TH CIRCLE
City-State-Zip: Ocala FL 34482

Title SECRETARY
Name BADT, PAT
Address 2225 NW 48TH COURT
City-State-Zip: Ocala FL 34482

Title DIRECTOR
Name FOSTER, CHARLOTTE
Address 2270 NW 48TH AVE. RD.
City-State-Zip: Ocala FL 34482

Title DIRECTOR
Name SMITH, GARY
Address 2280 NW 48TH TERR.
City-State-Zip: Ocala FL 34482

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: JIM VANDEVELDE

TREASURER

03/07/2018

Electronic Signature of Signing Officer/Director Detail

Date