

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20646

Entity Name: FOXWOOD FARMS RESIDENTS, INC.**Current Principal Place of Business:**1829 NW 46TH CIRCLE
OCALA, FL 34482**Current Mailing Address:**1829 NW 46TH CIRCLE
OCALA, FL 34482 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOLDUC, JANE
1829 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:** JANE BOLDUC

04/06/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VP
Name FOSTER, PAM
Address 4661 NW 19TH ST
City-State-Zip: OCALA FL 34482Title SEC
Name GOWANS, CHERYL
Address 2298 NW 47TH COURT
City-State-Zip: OCALA FL 34482Title TRSR
Name SABIN, BUD
Address 2234 NW 47TH CIRCLE
City-State-Zip: OCALA FL 34482Title OTHER
Name STOVER, DON
Address 1855 NW 46TH CIRCLE
City-State-Zip: OCALA FL 34482Title OTHER
Name KUTUN, GENE
Address 4585 NW 20TH ST
City-State-Zip: OCALA FL 34482Title OTHER
Name VANDE VELDE, JAMES R
Address 1860 NW 46TH CIRCLE
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: BUD SABIN**TREASURER**

04/06/2014

Electronic Signature of Signing Officer/Director Detail

Date