**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 29, 2016**
**Secretary of State**
**CC7968624284**

DOCUMENT# N20646

**Entity Name:** FOXWOOD FARMS RESIDENTS, INC.

**Current Principal Place of Business:**

4720 NW 19TH ST
OCALA, FL 34482

**Current Mailing Address:**

4720 NW 19TH ST
OCALA, FL 34482 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WHITKANACK, META DARLENE
4720 NW 19TH ST.
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: META DARLENE WHITKANACK 03/29/2016

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | VP |
| Name | SCHREPFERMAN, BOB |
| Address | 1863 NW 45TH TERRACE |
| City-State-Zip: | OCALA FL 34482 |

| | |
|---|---|
| Title | SECRETARY |
| Name | BARIL, DIANA |
| Address | 4805 NW 20TH ST. |
| City-State-Zip: | OCALA FL 34482 |

| | |
|---|---|
| Title | TREASURER |
| Name | REESE, WILLINE |
| Address | 4820 NW 20TH ST. |
| City-State-Zip: | OCALA FL 34482 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HELEN, PEEK |
| Address | 1940 NW 47TH TERRACE |
| City-State-Zip: | OCALA FL 34482 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | CHAPIN, RAYMOND |
| Address | 4803 NW 23RD LOOP |
| City-State-Zip: | OCALA FL 34482 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DEWITT, MIKE |
| Address | 2230 NW 47TH CIRCLE |
| City-State-Zip: | OCALA FL 34482 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | WHITKANACK, META DARLENE |
| Address | 4720 NW 19TH ST. |
| 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: META DARLENE WHITKANACK PRESIDENT 03/29/2016

Electronic Signature of Signing Officer/Director Detail — Date