

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

DOCUMENT# N26653

**Entity Name:** FOXHAVEN NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

14101 TOWN LOOP BLVD  
ORLANDO, FL 32837

**Current Mailing Address:**

14101 TOWN LOOP BLVD  
ORLANDO, FL 32837 US

**FEI Number:** 59-2898742

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF P.A.  
111 N. ORANGE AVE.  
SUITE 1400  
ORLANDO, FL 32801 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FISHER, CAROL  
Address        14727 LONE EAGLE DRIVE  
City-State-Zip: ORLANDO FL 32837

Title            DST  
Name            MARMORSTONE, DONNA  
Address        2721 FALLING TREE CIRCLE  
City-State-Zip: ORLANDO FL 32837

Title            D  
Name            SHIPPEY, DON  
Address        2706 FALLING TREE CIRCLE  
City-State-Zip: ORLANDO FL 32837

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:** CAROL FISHER

**PRESIDENT**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date