

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41468

**FILED**  
**Feb 13, 2015**  
**Secretary of State**  
**CC2431829053**

**Entity Name:** FOXWOOD VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

4700 FOXWOOD BLVD  
LAKELAND, FL 33810

**Current Mailing Address:**

4700 FOXWOOD BLVD  
BOX AA  
LAKELAND, FL 33810 US

**FEI Number:** 59-3047294

**Certificate of Status Desired:** Yes

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

BOWER SR, TODD JP  
1534 EXCALIBUR COURT  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name BOWER SR, TODD  
Address 1534 EXCALIBUR COURT  
City-State-Zip: LAKELAND FL 33810

Title VP  
Name PARROTT, JOHN  
Address 1603 CUTTER LANE  
City-State-Zip: LAKELAND FL 33810

Title S  
Name HUBERTY, PAT  
Address 1665 BASSETT DRIVE  
City-State-Zip: LAKELAND FL 33810

Title T  
Name KNIGHT, BARBARA  
Address 1664 WALKING HORSE DRIVE  
City-State-Zip: LAKELAND FL 33810

Title D  
Name MURRAY, RICHARD  
Address 1653 WALKING HORSE DRIVE  
City-State-Zip: LAKELAND FL 33810

Title D  
Name BOWREN, SUZIE  
Address 1588 VALIANT DRIVE  
City-State-Zip: LAKELAND FL 33810

Title DIRECTOR  
Name BRADY, JOSEPH  
Address 1518 GARRISON DRIVE  
City-State-Zip: LAKELAND FL 33810

*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:** TODD BOWER SR

**PRESIDENT**

**02/13/2015**

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

\_\_\_\_\_  
Date