

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

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**Entity Name:** FOXWOOD GLENN HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**9014 FOXWOOD DRIVE NORTH  
TALLAHASSEE, FL 32309**Current Mailing Address:**POST OFFICE BOX 12294  
TALLAHASSEE, FL 32317**FEI Number: 59-3082602****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STOKES, JEFFERY S  
2751 WHITMORE CT  
TALLAHASSEE, FL 32312 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	D
Name	GRUBBS, WILLIAM
Address	P.O. BOX 12294
City-State-Zip:	TALLAHASSEE FL 32317

Title	D
Name	ROSEBUSH, LUCINDA
Address	P.O. BOX 12294
City-State-Zip:	TALLAHASSEE FL 32317

Title	D
Name	FINDEISEN, MICAH
Address	P.O. BOX 12294
City-State-Zip:	TALLAHASSEE FL 32317

Title	D
Name	HARDEN, DAVID
Address	P.O. BOX 12294
City-State-Zip:	TALLAHASSEE FL 32317

Title	D
Name	THREADGILL, BEN
Address	P.O. BOX 12294
City-State-Zip:	TALLAHASSEE FL 32317

Title	MANAGING AGENT
Name	STOKES, JEFFERY S
Address	2751 WHITMORE CT
City-State-Zip:	TALLAHASSEE FL 32312

Title	MANAGING AGENT
Name	STOKES, JEFFERY S
Address	2751 WHITMORE CT
City-State-Zip:	TALLAHASSEE FL 32312

*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: JEFFERY S STOKES****MANAGING AGENT****04/22/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date