

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731510

FILED  
Feb 05, 2009  
Secretary of State

**Entity Name:** FOXCROFT CONDOMINIUM APARTMENTS, INC.

**Current Principal Place of Business:**

3494 FOXCROFT ROAD  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

3494 FOXCROFT ROAD  
MIRAMAR, FL 33025

**New Mailing Address:**

**FEI Number:** 59-1595885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THE WALTON LAW FIRM, P.A.  
1999 SW 27TH AVENUE - FIRST FLOOR  
MIAMI, FL 33145 US

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

WALTON, JONES & BROWN  
1999 SW 27TH AVENUE - FIRST FLOOR  
MIAMI, FL 33145 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: KENNETH WALTON

02/05/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: COHOMIKES, NICOLAS  
Address: 3285 FOXCRAFT RD E 310  
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete  
Name: BOITE, MARGARET  
Address: 3195 FOXCROFT RD F315  
City-St-Zip: MIRAMAR, FL 33025

Title: S ( ) Delete  
Name: RICHARDSON, BLANCA  
Address: 3490 FOXCROFT RD  
City-St-Zip: MIRAMAR, FL 33025

Title: PD ( ) Delete  
Name: PEDLAR, SHERESE  
Address: 3390 FOXCROFT RD C211  
City-St-Zip: MIRAMAR, FL 33025

Title: D ( ) Delete  
Name: COURVILLE, RENEE  
Address: 3195 FOXCROFT RD. F305  
City-St-Zip: MIRAMAR, FL 33025

Title: VPD1 ( ) Delete  
Name: RUBENFIELD, THERESA  
Address: 3253 FOXCROFT RD. G206  
City-St-Zip: MIRAMAR, FL 33025

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: CONOMIKES, NICOLAS  
Address: 3285 FOXCRAFT RD E 310  
City-St-Zip: MIRAMAR, FL 33025

Title: D (X) Change ( ) Addition  
Name: ABOITE, MARGARET  
Address: 3195 FOXCROFT RD F315  
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHERESE PEDLAR

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date