

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731925

FILED
Feb 26, 2009
Secretary of State

Entity Name: FOXMOOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7049 NEW POST DRIVE
FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P. O. BOX 1848
FORT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 59-1591713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: CHAD VAN TILBURG

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DOWNIE, ANDREW
Address: 7049 NEW POST DRIVE, E-4
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: PD () Delete
Name: REDMOND, MAURA E
Address: 7037 NEW POST DRIVE #4
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: SD () Delete
Name: HOMRIG, BEVERLY
Address: 7007 NEW POST DRIVE #6
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: HOMRIG, BEVERLY
Address: 7007 NEW POST DRIVE #6
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: VD () Change (X) Addition
Name: MADIGAN, THOMAS
Address: P.O. BOX 1242
City-St-Zip: FORT MYERS, FL 33902

Title: SD () Change (X) Addition
Name: RICHARDS, PATRICIA
Address: 7019 NEW POST DRIVE #6
City-St-Zip: NORTH FORT MYERS, FL 33917

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: MAURA REDMOND

PD

02/26/2009

Electronic Signature of Signing Officer or Director

Date