

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731925

FILED
Feb 16, 2011
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
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: RESTAURI, WILLIAM
Address: 7049 NEW POST RD E6
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: SD
Name: KUNKLE, GREGG
Address: 28 KINSALE DR.
City-St-Zip: ROCHESTER, NH 03868 US

Title: VD
Name: COLLINS, MARGIE
Address: 7025 NEW POST DR #6
City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: PD
Name: MADIGAN, THOMAS
Address: P.O. BOX 1242
City-St-Zip: FORT MYERS, FL 33902

Title: TD
Name: JENKINS, LINDA
Address: 510 NE 21ST PLACE
City-St-Zip: CAPE CORAL, FL 33909

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: THOMAS MADIGAN

PD

02/16/2011

Electronic Signature of Signing Officer or Director

Date