

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 733934

1. Entity Name

FOXFIRE OWNERS ASSOCIATION, INC.



Principal Place of Business

PO BOX 20641
SARASOTA FL 34276-3641

Mailing Address

PO BOX 20641
SARASOTA FL 34276-3641



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-2137021

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORTH, WILLIAM E
7180 WILD HORSE CIRCLE
SARASOTA FL 34241

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete
NAME: KEENEY, JAMES
STREET ADDRESS: 7159 WILD HORSE CIR
CITY-STATE-ZIP: SARASOTA FL 34241

TITLE: T ☐ Delete
NAME: NORTH, WILLIAM
STREET ADDRESS: 7180 WILD HORSE CIRCLE
CITY-STATE-ZIP: SARASOTA FL 34241

TITLE: TD ☐ Delete
NAME: NORTH, WILLIAM
STREET ADDRESS: 7180 WILD HORSE CIR.
CITY-STATE-ZIP: SARASOTA FL 34241

TITLE: S ☐ Delete
NAME: MOLINERI, ROSE MARIE
STREET ADDRESS: 6939 CORRAL GATE LN
CITY-STATE-ZIP: SARASOTA FL 34241

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP: 000000628722
02/16/07-80028-010 61.25

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William E North

William North

2/5/07

941-957-4542