

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733934

FILED
Jun 01, 2012
Secretary of State

Entity Name: FOXFIRE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7090 WILD HORSE CIRCLE
SARASOTA, FL 34241 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 20641
SARASOTA, FL 34276 US

New Mailing Address:

FEI Number: 59-2137021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRIER, MARIANNE TREAS.
7090 WILD HORSE CIRCLE
SARASOTA, FL 34241 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: P
Name: POWERS, TIMOTHY
Address: 7187 WILD HORSE CIRCLE
City-St-Zip: SARASOTA, FL 34241 US

Title: VP
Name: WOODS, MARK
Address: 7060 WILD HORSE CIRCLE
City-St-Zip: SARASOTA, FL 34241 US

Title: S
Name: ROESSNER, CAROL
Address: 7145 WILD HORSE CIRCLE
City-St-Zip: SARASOTA, FL 34241 US

Title: T
Name: FERRIER, MARIANNE
Address: 7090 WILD HORSE CIRCLE
City-St-Zip: SARASOTA, FL 34241 US

Title: G
Name: HOWE, WILL
Address: 7333 FOX TROTting ROAD
City-St-Zip: SARASOTA, FL 34241 US

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/A N/A

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: TIMOTHY M POWERS

PRES

06/01/2012

Electronic Signature of Signing Officer or Director

Date