# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 13, 2001 8:00 am**
**Secretary of State**
03-13-2001 90005 050 ****61.25

DOCUMENT # 741981

1. Entity Name

FOXWOOD PROPERTY OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 3334<br>STUART FL 34995-3334 | P.O. BOX 3334<br>STUART FL 34995-3334 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2719735 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| KEY, EVELYN L<br>6544 S.E. LOCKERBY PLACE<br>HOBE SOUND FL 33455 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WILSON, RICE<br>11365 S.W. MEADOW LAKE CIRCLE<br>STUART FL | ☒ Delete | PD<br>BOB WOLF<br>11250 S.W. THUNDER ROAD<br>STUART, FL 34997 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>GOFORTH, GARY<br>10924 S.W. MEADOWLARK CIRCLE<br>STUART FL | ☒ Delete | V.P.D.<br>MIKE KNECHT<br>10990 SW REDWING DRIVE<br>STUART, FL-34997 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>KUHNS, JUNE<br>11105 SE MEADOW LARK CIRLCE<br>STUART FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>NASH, SUSAN<br>11406 S.W. MEADOWLAKE CIRCLE<br>STUART, FL 00000 FL | ☒ Delete | TD<br>DOUGLAS FLECK<br>11606 SW MEADOWLARK Circle<br>STUART, FL 34997 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JACQUES, JOHN<br>10943 S.W. HAWKINS CIRCLE<br>STUART FL 34997 | ☐ Delete | 10943 SW. HAWKVIEW Circle | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** [signature] FILED BOB WOLF 561-286-6251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #