2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
06-03-2002 91188 042 ****61.25

DOCUMENT # 741981

1. Entity Name

FOXWOOD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3334 STUART FL 34995-3334	P.O. BOX 3334 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 6544 S.E. LOCKERBY PLACE HOBE SOUND FL 33455	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.

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 WOLF, BOB 11250 SW THUNDER ROAD STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLF, RITA, 11250 SW THUNDER RD, STUART, FL 34997	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VPD~~ ~~KNECHT, MIKE~~ ~~10990 SW REDWING DRIVE~~ ~~STUART FL 34997~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WATTS, KATHY 11525 SW MEADOWLARK Circle	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KUHNS, JUNE 11105 SE MEADOW LARK CIRLCE STUART FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLF, BOB 11250 SW MEADOWLARK Circle STUART, FL 34997	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FLECK, DOUGLAS 11606 SW MEADOW LARK CIRCLE STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUMFIELD, DELHA 11225 SW MEADOWLARK Circle STUART, FL 34997	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~JACQUES, JOHN~~ ~~10943 SW HAWK VIEW CIRCLE~~ ~~STUART FL 34997~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEELBACH, ELIZABETH. 11001 SW HAWKVIEW Circle STUART, FL 34997	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITEHEAD, MARY 10861 SW HAWKVIEW Circle STUART, FL 34997	☐ Change ☑ Addition

CR2E037 (9/01)

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 REQUIRED~~ RITA L. WOLF 5/25/2002 772-286-6251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #