## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 05, 2006 8:00 am Secretary of State

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DOCUMENT # 741981  1. Entity Name FOXWOOD PROPERTY OWNERS ASSOCIATION, INC.						05-05-200	•		
P.O. BOX 3334 P.O		Mailing Address P.O. BOX 3334 STUART, FL 34995-3334		1 ( <b>24</b> 11) (887) (	, 21881    1818   18181   18181	(1 <b>44 B) B</b> (1 B) <b>(141 B</b> (1)	BII BIBII G1611 G16	))  <b> 81   1   52</b>	
Principal Place of Business     3. Ma		3. Maiting Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04252006	Chg-NP	CR2E0	37 (11/05)	
City & State	е	City & State	City & State		4. FEI Number Applied For 59-2719735 Not Applicable				
Zip	Country	Zip	Country		5. Certificate	ol Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current R	egistered Agent	1		7. Name and	Address of New	Registered	Agent	
INGLISIPCAM STEVE			Name			_			
	MANAGEMENT SERVICE IMERCE LN		Street Ac		ess (P.O. Box Number is Not Acceptable)				
JUPITER, FL 33458									
			City				FL	Zip Cod	le
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office o	r register	ed agent, or bot	h, in the State of	Florida. I am	familiar with,	and accept
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(1.0 05#g2t									İ
SIGNATURE .		<u></u>	<del></del>						
_	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE		
_	Signature, typed or printed name of registered agent at Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing	ture required	when reinstating) \$5.00 May Br Added to Fees	9 Fi	Make chec	k payable t	
_	Filing Fee Is \$61.25	9. Election Camp Trust Fund Co	paign Financing		\$5.00 May Boadded to Fees	FI FI	Make chec orida Depa	rtment of S	tate
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee Is \$61.25 Due by May 1, 2006  OFFICERS AND DIRE PD MARSH, BARRY G 11505 SW MEADOW LARK CIR STUART, FL 34997	9. Election Camp Trust Fund Co ECTORS	oaign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / (C	\$5.00 May Bound to Fees	ANGES TO OFFIC	Make chec orida Depa	rtment of S IRECTORS IN Change	tate  ₹ 10  Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/64 561.722-8699

Daytime Phone #