2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741981

FILED Apr 14, 2009 Secretary of State

Entity Name: FOXWOOD PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 3334 STUART, FL 349953334				C/O BRISTOL PROPERTY MANAGEMENT 543 NW LAKE WHITNEY PL., SUITE 101-102 PORT ST. LUCIE, FL 34986			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 3334 STUART, FL 349953334				C/O BRISTOL PROPERTY MANAGEMENT 543 NW LAKE WHITNEY PL., SUITE 101-102 PORT ST. LUCIE, FL 34986			
FEI Number:	59-2719735	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Des	sired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered Agen	t:
INGLISIPCAM STEVE BRISTOL MANAGEMENT SERVICE 1930 COMMERCE LN JUPITER, FL 33458 US				INGLIS, STEVE BRISTOL MANAGEMENT SERVICE 1930 COMMERCE LN JUPITER, FL 33458 US			
The above in the State		ubmits this statement for the pu	ırpose o	of changing i	ts registered o	ffice or registered age	nt, or both,
SIGNATURE: STEVE INGLIS				04/14/2009			
	Electroni	c Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () MARSH, BARRY 11505 SW MEA STUART, FL 34	DOW LARK CIR		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () SCOTT, BILL 11245 SW MEAI STUART, FL 34			Title: Name: Address: City-St-Zip:	SCOTT, BILL) Change ()Addition ADOW LARK CIR 4997	
Title: Name: Address: City-St-Zip:	KUHNS, JUNE	Delete OOW LARK CIRLCE		Title: Name: Address: City-St-Zip:	BRECHER, GAI	VKVIEW CIRCLE	
Title: Name: Address: City-St-Zip:	P () WILSON, RICE 11365 SW MEAI STUART, FL 34			Title: Name: Address: City-St-Zip:	RICE, WILSON	NDOW LARK CIR	
Title: Name: Address: City-St-Zip:	D () JACQUES, JOHI 10943 SW HAW STUART, FL 34	KVIEW		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	RICE, BECKY	Delete DOWLAKE CIRCLE 997		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILSON RICE PRES 04/14/2009