

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90073 009 ****61.25

DOCUMENT # 743559

1. Entity Name

FOXWOOD ESTATES PROPERTY OWNERS ASSOCIATION INC.

Principal Place of Business

**4998 ALDER DRIVE
 WEST PALM BEACH FL 33417**

Mailing Address

**4998 ALDER DRIVE
 WEST PALM BEACH FL 33417**

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

59-2047979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ADAMS, ALLEN A JR
 4000 S 57TH AVE
 #101
 LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete
 NAME **LIVELY, EUNICE**
 STREET ADDRESS **4808-D ALDER DR**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **VD** ☒ Delete
 NAME **KASPER, CYNTHIA**
 STREET ADDRESS **4836 MARBELLA RD**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **TD** ☐ Delete
 NAME **MCKEON, BETTY**
 STREET ADDRESS **4929-C ALDER DR**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
 NAME **McKeon Betty**
 STREET ADDRESS **6263 BLUE DANE BERRY**
 CITY-ST-ZIP **GREEN ACRES FL. 33463**

TITLE **SD** ☐ Change ☒ Addition
 NAME **NANCY BORDEN**
 STREET ADDRESS **4826A ALDER DR**
 CITY-ST-ZIP **W.P.B. FL. 33417**

TITLE **TD** ☐ Change ☒ Addition
 NAME **JAMES COOK**
 STREET ADDRESS **4928 D-ALDER DR.**
 CITY-ST-ZIP **WEST PALM BEACH FL. 33417**

TITLE **BOARD MEMBER** ☐ Change ☒ Addition
 NAME **THOMAS GERNER**
 STREET ADDRESS **4941A ALDER DR**
 CITY-ST-ZIP **WEST PALM BEACH FL. 33417**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 of Secretary of State
 SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OR DIRECTOR

1-19-01 561-686-5895

Date

Daytime Phone #

CR2E037 (10/00)