2005 NOT-FOR-PROFIT CORPORATION

Mar 10, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #743559** 03-10-2005 90142 006 ****61.25 FOXWOOD ESTATES PROPERTY OWNERS ASSOCIATION INC. Principal Place of Business Mailing Address **4998 ALDER DRIVE 4998 ALDER DRIVE** WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-2047979 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MESCHES, LARRY M.PA Street Address (P.O. Box Number is Not Acceptable) 222 LAKESVIEW AVE WEST PALM BEACH, FL 33401 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE -Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE Make check payable to Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees 10. . · OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VICE PRESIDENT Change WAddition TITLE Detete -TITLE TIMA GERNER DR. 4941- A ALDEK DR. NAME LIVELY, EUNICE NAME 4808-D ALDER DR STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL W.P.B. FL. 33417 CITY-ST-ZIP CITY-ST-ZIP SEC/TREASURER CNARLOTTE REBILLARD ACTIONS 4968 B-ALDER DRIVE Delete TITLE ☐ Addition JEFFESON, ADINA NAME NAME 4972 MARBELLA RD NORTH STREET ADDRESS STREET ADDRESS W. P. Bch FL- 33417 WEST PALM BEACH, FL 33417 CITY-ST-ZIP CITY-ST-ZIP VD TITLE **⊠** Delete TITLE ☐ Change ☐ Addition MCKEON, BETTY NAME NAME STREET ADDRESS 6263 BLUE BADEBERRY STREET ADDRESS CITY-ST-ZIP GREEN ACRES, FL 33463 CITY-ST-ZIP ΤĎ TITLE Delete TITLE -Change _ _ Addition COOK, JAMES NAME NAME STREET ADDRESS 4928 D ALDER DRIVE STREET ADDRESS WEST PALM BEACH, FL 33417 CITY-ST-ZiP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete Change RIBILLARD, CHARLOTTE NAME NAME STREET ADDRESS 4968 B ALDER DR STREET ADDRESS WEST PALM BEACH, FL 33417 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

FILED

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.

STREET ADDRESS

CITY - ST- 7IP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE SUMME