

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90004 009 ****61.25

DOCUMENT # 743747

1. Entity Name

FOXFIRE WEST HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4946 HUBNER CIRCLE
 SARASOTA FL 34241
 US

46 NORTH WASHINGTON BLVD.
 SUITE 1
 SARASOTA FL 34236-5932

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

...Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2651738

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PATTERSON, JOHN
46 N. WASHINGTON BLVD.
#1
SARASOTA FL 34236

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CARPER, KERRY	
STREET ADDRESS	4946 HUBNER CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STOTTLEMYER, SCOTT	
STREET ADDRESS	4822 HOYER DRIVE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	POPIELINSKI, JIM	
STREET ADDRESS	4871 HOYER DRIVE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROTHE, PHIL	
STREET ADDRESS	4950 HUBNER CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P,D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORPE, ROBERT	
STREET ADDRESS	4979 HUBNER CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	S,D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORPE, ARDIS	
STREET ADDRESS	4979 HUBNER CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	VP,D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIKLA, THOMAS	
STREET ADDRESS	4847 HOYER DRIVE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	T,D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANGENEGER, GORDON	
STREET ADDRESS	4955 HUBNER CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Robert Thorpe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) -- 923-4134

Date

Daytime Phone #

ROBERT THORPE, President

CR2E037 (9/99)