


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90171 011 ****61.25

DOCUMENT # 747011	
1. Entity Name FOXMOOR II CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 7050 NANTUCKET CIRCLE N.E. NORTH FT MYERS, FL 33917	Mailing Address 76 PONDELLA RD. STE. 201 N FT MYERS, FL 33903 US
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40067200



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2290558		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAPOSTA, RICHARD L C/O GULFSHORES CAM 76 PONDELLA RD. STE. 201 N FT MYERS, FL 33903		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DST	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCAPLE, JIM			NAME	<i>ROMAN MYSLINSKI</i>		
STREET ADDRESS	7086 G1 NANTUCKET CIRCLE			STREET ADDRESS	<i>7050-95 NANTUCKET CIRCLE</i>		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917			CITY-ST-ZIP	<i>N. FT. MYERS, FL 33917</i>		
TITLE	DVP/ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEBEAU, ROBERT			NAME			
STREET ADDRESS	7098 NANTUCKET CR.			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33917			CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, DONNA			NAME			
STREET ADDRESS	7080-F7 VANTUCKET CIR			STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917			CITY-ST-ZIP			
TITLE	F	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEENHOF, FRED			NAME			
STREET ADDRESS	7062-C4 VANTUCKET CIR			STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Robert Lebeau* **04-13-07** **239-997-8114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #