## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT #747011**

1. Entity Name
FOXMOOR II CONDOMINIUM ASSOCIATION, INC



**FILED** Mar 12, 2008 8:00 am Secretary of State

03-12-2008 90029 026 \*\*\*\*61.25

		DIATION, INC.					
	o of Business CKET CIRCLE N.E. YERS, FL 33917	Mailing Address 76 PONDELLA RD. STE. 2 N FT MYERS, FL 33903	US				
			,	1   1   1   1   1   1   1   1   1			
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	lailing Address		[88])		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2E037	(12/06)	
City & State		City & State		4. FEI Number 59-229055	58	, , , , , , , , , , , , , , , , , , ,	lied For Applicable
Zip	Country	Zip	Country	5. Certificate of S		B.75 Addit e Required	ional
	6. Name and Address of Current R	egistered Agent		7. Name and Add	iress of New Registered Ag	ent	
LAPOSTA.	RICHARD L		Name				
C/O GULF	SHORES CAM LLA RD. STE. 201		Street Address		(P.O. Box Number is Not Acceptable)		
N FT MYEI	RS, FL 33903		City		FL	Zip Code	· .
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered agent, or both, in	the State of Florida. I am fan	niliar with, a	nd accept
the obligati	ions of registered agent.						Ì
SIGNATURE .	• • •						
	Signature, typed or printed name of registered agent an	nd title it applicable. (NOTE: I	Registered Agent signati	ure required when reinstating)	DATE		
	Filing Fee is \$61.25		9. Election Campaign Financing Trust Fund Contribution.		Make check p		**************************************
	Due by May 1, 2008	Trast Folia Co	intribution.	□ Added to Fees	Fiorida Departir	IUNI DI SIA	ite [
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRE	···	£ :.
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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 chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the supplement with an address, with all other like empowered.

SIGNATURE: Sullenly FRED YETWHOF	3-3-08	239-997-8114
IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #