2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90128 006 ****61.25

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DOCUMENT # 754690

1. Entity Name

FOXMOOR LAKES MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GULFSHORE COMMUNITY ASSOCIATION MGNT 76 PONDELLA ROAD SUITE 201 N FT MYERS FL 33906 US	C/O GULFSHORE COMMUNITY ASSOCIATION MGNT 76 PONDELLA ROAD SUITE 201 N FT MYERS FL 33906 US

DO NOT WRITE IN THIS SPACE

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 59-2068748 ☐ Applied For ☐ Not Applicable

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
GULFSHORES COMMUNITY ASSOC MGT 76 PONDELLA RD. SUITE #201 FORT 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.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROOKS, GERALD 15512 CRYSTAL LAKES DRIVE NORTH FORT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEGLEY, JAMES & MADLAINE 15534 CRYSTEL LAKE DRIVE NO FORT MYERS, FL 33917	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSBY, BILL 15542 CRYSTAL LAKE DR. N. FT. MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAWLINS, HUGH 5690 FOXLAKE DR NE NORTH FORT MYERS FL 33917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COATES, KENNETH 52 KIRKLAND BLVD KIRKLAND QU H9J1N	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT BROWN, MARILYN 5550 LONGLEAF DR N. FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLATFELTER, MARY 5609 FOX LAKE DR N. FT. MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Mary Clatfelter MARY CLATFELTER 04/05/01 941-997-8114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #