

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90133 040 ****61.25

DOCUMENT # 754690 1. Entity Name FOXMOOR LAKES MASTER ASSOCIATION, INC.					
Principal Place of Business C/O GULF SHORE COMMUNITY ASSOCIATION MGNT 76 PONDELLA ROAD SUITE 201 N FT MYERS, FL 33906 US				Mailing Address C/O GULF SHORE COMMUNITY ASSOCIATION MGNT 76 PONDELLA ROAD SUITE 201 N FT MYERS, FL 33906 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent GULF SHORES COMMUNITY ASSOC MGT 76 PONDELLA RD. SUITE #201 FORT MYERS, FL 33903				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	BROOKS, GERALD		NAME		
STREET ADDRESS	15512 CRYSTAL LAKES DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	SCHILFFARTH, FRED		NAME	JOHN MARRIOTT	
STREET ADDRESS	15508 CRYSTAL LAKE DR.		STREET ADDRESS	5678 FOX LAKE DR	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE	DVP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RAWLINS, HUGH		NAME		
STREET ADDRESS	5690 FOXLAKE DR NE		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	FEGLEY, JIM		NAME		
STREET ADDRESS	15534 CRYSTAL LAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BROWN, MARILYN		NAME		
STREET ADDRESS	5550 LONGLEAF DR		STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS, FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CLATFELTER, MARY		NAME		
STREET ADDRESS	5609 FOX LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS, FL		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: <i>Gerald F. Brooks Pres.</i>			SIGNATURE: <i>GERALD F. BROOKS</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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04072004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2068748** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL Zip Code

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #