_2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #754690



FILED Mar 12, 2008 8:00 am Secretary of State 03-12-2008 90028 003 ****61.25

FOXMOC	OR LAKE	S MASTER ASSO	CIATIO	N, INC.								
Principal Plac C/O GULFSH 76 PONDELI N FT MYERS	IORE COMMU LA ROAD SUI	INITY ASSO. MGNT ITE 201	C/O (76 P	g Address GULFSHORE COMM ONDELLA ROAD SI MYERS, FL 3390	UITE 20	1	NT	 4 1 11 1	BURN BREAK BURNE ABRIL J	611 81811 818 16	11811 BIBIK BIBIK BI	
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mai	ling Address								
Suite, Apt.	. #, etc.		Sυ	ite, Apt. #, etc.				02282008	Chg-NP	CR2E	037 (12/06)	
City & Stat	te		Cit	y & State				4. FEI Numbe 59-2068				pplied For lot Applicable
Zip		Gountry	Zıp		- Cou	untry	Ì		of Status Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Current	Registere	d Agent		Name		7. Name and	Address of New	Registered	d Agent	
76 PONDE SUITE #20	ELLA RD. 01	MMUNITY ASSOC N	1GT				ddress (F	P.O. Box Numbe	r is Not Acceptab	ole)		
FORT MY	ERS, FL 3	33903				City			 	F	Zip Cod	de
	e named entity tions of regist	y submits this statement for ered agent.	or the purp	ose of changing its	registere	l ed office o	r registere	ed agent, or both	n, in the State of F		<u> </u>	, and accept
SIGNATURE	Signature, typed	or printed name of registered agent	I and litle if app	hcable (NOTE	E Registered	d Agent signat	ore required	when reinstaland		DATE		
	_	e is \$61.25 lay 1, 2008		9. Election Can Trust Fund C	-	-		\$5.00 May Be Added to Fees	•	Make che	ck payable t artment of S	
10.	Due by M		RECTORS	Trust Fund C	Ontributi	ion.		\$5.00 May Be Added to Fees	•	Make che orida Dep	DIRECTORS IF	N 10
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BROOKS, 15512 CR	lay 1, 2008			11. TITLE NAME STREE	ion.	D Roce 5691	\$5.00 May Be Added to Fees	FIGURES TO OFFIC	Make che orida Dep	artment of S	State
TITLE NAME STREET ADDRESS	VPT BROOKS, 15512 CR NORTH F DS SCHILFFA 15508 CR	OFFICERS AND DI GERALD YSTAL LAKES DRIVE	i	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE	E E ET ADDRESS -ST-ZIP	D ROGE 5'C91 N.F.	\$5.00 May Be Added to Fees DDITIONS/CHA SE DOTY LONG LEAT. MYERS,	FIGURES TO OFFICE AT DE. TL33917	Make che orida Dep	DIRECTORS IF	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VPT BROOKS, 15512 CR NORTH F DS SCHILFFA 15508 CR NORTH F D RAWLINS 5690 FOX	OFFICERS AND DI OFFICERS AND D	17	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE	E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	D ROSE SCOTI DVP/1 FREE DAW 1546	\$5.00 May Be Added to Fees DOTY LONG LEST. MYERS, TO SCHILF	FIGURES TO OFFICE AT DE. TL33917	Make che prida Depr ERS AND (DIRECTORS IF	N 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by N VPT BROOKS, 15512 CR NORTH F DS SCHILFFA 15508 CR NORTH F D RAWLINS 5690 FOX NORTH F DP MARRIOT 5678 FOX NORTH F D MICHAEL 15403 CR	OFFICERS AND DI OFFICERS AND D	17 17	Trust Fund C	11. TITLE NAME STREE CITY- TITLE NAME STREE STREE	E ET ADDRESS -ST-ZIP	D ROCKE 5691 N.F. DVP/1 DAVY 1546 N.F. DP TOHE	\$5.00 May Be Added to Fees DDITIONS/CHA ER DOTY LONG LES, T. MYERS, TO SCHILF TE COHE Y CRYSTH TE MYERS, J MARRIE, J MARRIE, J WILDON TO A FOXI	FIGURE DAY PLANE	Make che prida Depr ERS AND [PARECTORS IT Change Change Change Change Change	N 10 Addition Addition

I hereby certify that the information supplied with this filling 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: Down (All)	SANDER LIGHTLE	03-07-08	239-997-8114
SIGNATURE AND TYPED OR PRINTE	NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #