

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754690

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: FOXMOOR LAKES MASTER ASSOCIATION, INC.

## Current Principal Place of Business:

C/O GULFSHORE COMMUNITY ASSO. MGNT  
76 PONDELLA ROAD SUITE 201  
N FT MYERS, FL 33906 US

## New Principal Place of Business:

## Current Mailing Address:

C/O GULFSHORE COMMUNITY ASSO. MGNT  
76 PONDELLA ROAD SUITE 201  
N FT MYERS, FL 33906 US

## New Mailing Address:

FEI Number: 59-2068748

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GULFSHORES COMMUNITY ASSOC MGT  
76 PONDELLA RD.  
SUITE #201  
FORT MYERS, FL 33903 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DOTY, ROBERT  
Address: 5691 LONG LEAF DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVPT ( ) Delete  
Name: SCHILFFARTH, FRED  
Address: 15508 CRYSTAL LAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: COHEN, DAVE  
Address: 15461 CRYSTAL LAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DP ( ) Delete  
Name: MARRIOT, JOHN  
Address: 5678 FOX LAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: WILDMAN, HELEN  
Address: 5703 A FOX LAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DS ( ) Delete  
Name: LIGNELL, SANDRA  
Address: 15413 CRYSTAL LAKE DR  
City-St-Zip: NORTH FORT MYERS, FL 33917

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MARRIOTT

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date