

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759551

FILED
Apr 13, 2009
Secretary of State

Entity Name: FOXMOOR VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

GULF SHORES CAM
76 PONDELLA RD., SUITE 201
N FT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

GULF SHORES CAM
76 PONDELLA RD., SUITE 201
N FT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 59-2155972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAPOSTA, RICHARD L.
GULF SHORES CAM
76 PONDELLA RD., SUITE 201
N FT 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: P () Delete
Name: BROWN, RAY
Address: 5725-8 FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVP () Delete
Name: ZELDES, DYA
Address: 5725- FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DT () Delete
Name: HUGHES, LARRY
Address: 5731-3 FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: RAIN, SHARLWNA
Address: 5731-3 FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: DONOVAN, MARY ANN
Address: 5745 #F FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: ZELDES, ILYA
Address: 5725- FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DT (X) Change () Addition
Name: BETTENCOURT, JOHN
Address: 5721-6 FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

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

Title: DS (X) Change () Addition
Name: DONOVAN, MARY ANN
Address: 5745 #F FOXLAKE DR
City-St-Zip: NORTH FORT MYERS, FL 33917

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: RAY BROWN

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date