2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90013 016 ***150.00

DOCUMENT # M73922

1. Entity Name
FOXWOOD COUNTRY CLUB OF CRESTVIEW, INC.

Principal Place of Business	Mailing Address
4927 ANTIOCH RD. CRESTVIEW, FL 32536	4927 ANTIOCH RD. CRESTVIEW, FL 32536

01132004 Chg-P CR2E034 (10/03)

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 59-2886880 ☐ 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
HANNA, WILLIAM G 308 COUNTRY CLUB DR CRESTVIEW, FL 32536	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HANNA, WILLIAM G 308 COUNTRY CLUB DR CRESTVIEW, FL 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ralph Watson 6240 Clifton Circle Swwanee, GA 30024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YAGOW, JAMES 638 N FERDON BLVD CRESTVIEW, FL 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ronald L. Leighton 822 St. Joseph Cove Niceville, FL 32578	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COFFEY, JAMES 5710 SEMINOLE DR CRESTVIEW, FL 32536	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MCWATERS, AUDREY 112 PAR COURT CRESTVIEW, FL 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILKERSON, DENNIS R 219 COUNRYCLUB DR CRESTVIEW, FL 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, MARY 570 PEACHTREE WAY CUMMING, GA 30041	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 607, 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: William S Hanna 1-16-04 850-6872039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #