

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90077 034 ***150.00

DOCUMENT # M73922

1. Entity Name

FOXWOOD COUNTRY CLUB OF CRESTVIEW, INC.



Principal Place of Business

4927 ANTIOCH RD.
CRESTVIEW FL 32536

Mailing Address

4927 ANTIOCH RD.
CRESTVIEW FL 32536

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HANNA, WILLIAM G
STREET ADDRESS 308 COUNTRY CLUB DR
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE VD ☐ Delete
NAME YAGOW, JAMES
STREET ADDRESS 638 N FERDON BLVD
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE D ☐ Delete
NAME WATSON, RALPH
STREET ADDRESS 6240 CLIFTON CIRCLE
CITY-ST-ZIP SUWANEE GA 30024

TITLE STD ☒ Delete
NAME MCWATERS, AUDREY
STREET ADDRESS 112 PAR COURT
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE D ☐ Delete
NAME WILKERSON, DENNIS R
STREET ADDRESS 219 COUNTRY CLUB DR
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE D ☐ Delete
NAME LEIGHTON, RONALD L
STREET ADDRESS 822 ST. JOSEPH COVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE STD ☐ Change ☒ Addition
NAME Murphy, Oliver W.
STREET ADDRESS 109 Shell Drive
CITY-ST-ZIP Crestview, FL 32536

TITLE D ☐ Change ☒ Addition
NAME Chamberlain, Henry
STREET ADDRESS 810 Valley Rd
CITY-ST-ZIP CRESTVIEW, FL 32539

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William G. Hanna
William G. HANNA

1-21-05

Date

Daytime Phone #

850-682-2012