

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73922

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: FOXWOOD COUNTRY CLUB OF CRESTVIEW, INC.

**Current Principal Place of Business:**

4927 ANTIOCH RD.  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

4927 ANTIOCH RD.  
CRESTVIEW, FL 32536

**New Mailing Address:**

FEI Number: 59-2886880

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YAGOW, JAMES A  
638 N FERDON BLVD STE 1  
CRESTVIEW, FL 32536 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SNIEZKO, PETE  
Address: 218 COUNTRY CLUB DR  
City-St-Zip: CRESTVIEW, FL 32536

Title: DFD ( ) Delete  
Name: YAGOW, JAMES  
Address: 638 N FERDON BLVD STE 1  
City-St-Zip: CRESTVIEW, FL 32536

Title: DVP ( ) Delete  
Name: BARBEE, CRAIG  
Address: 425 RIDGE LAKE DR  
City-St-Zip: CRESTVIEW, FL 32536

Title: DVP ( ) Delete  
Name: THOMAS, TERRY  
Address: 314 COUNTRY CLUB DR  
City-St-Zip: CRESTVIEW, FL 32536

Title: DS ( ) Delete  
Name: ALTIERI, JOSEPH  
Address: 5464 CLINT MASON RD  
City-St-Zip: CRESTVIEW, FL 32539

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ALTIERI, JOSEPH  
Address: 5464 CLINT MASON ROAD  
City-St-Zip: CRESTVIEW, FL 32539

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: DS (X) Change ( ) Addition  
Name: QUINN, PAT  
Address: 114 EAGLE DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A. YAGOW

DFD

04/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date