2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2011
Secretary of State

DOCUMENT# N00305

Entity Name: FOXWOOD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

561 FOXWOOD BLVD
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

561 FOXWOOD BLVD
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 59-2377580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COAST PROPERTY MANANGEMENT
% FOXWOOD CONDOMINIUM ASSOCIATION
561 FOXWOOD BLVD
ENGLEWOOD, FL 34223 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
Name: SAYRE, CHUCK
Address: 634 LINDEN DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: VPD
Name: KLETT, RAY
Address: 215 ASPEN STREET
City-St-Zip: ENGLEWOOD, FL 34223

Title: TD
Name: JENKINS, NANCY
Address: 615 CHESTNUT LANE
City-St-Zip: ENGLEWOOD, FL 34223

Title: S
Name: SEYMOUR, DOROTHY
Address: 601 LINDEN DRIVE
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: MASON, PAUL
Address: 306 PERSIMMON STREET
City-St-Zip: ENGLEWOOD, FL 34223

Title: D
Name: DURNER, ANTON
Address: 311 ELDER STREET
City-St-Zip: ENGLEWOOD, FL 34223

I hereby 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 all other like empowered.

SIGNATURE: CHUCK SAYRE P 03/04/2011

Electronic Signature of Signing Officer or Director — Date