

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90229 008 ****61.25

DOCUMENT # N01142 1. Entity Name FOXFIRE COMMUNITY ASSOCIATION OF COLLIER COUNTY, INC.					
Principal Place of Business 1030 KINGS WAY NAPLES, FL 33942			Mailing Address 1030 KINGS WAY NAPLES, FL 33942		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 34104	Country	Zip 34104	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEISLER, JAMES T. 1030 KINGS WAY NAPLES, FL 34104				Name Brian H. Heidel Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Brian H. Heidel</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2-25-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLUSENDORF, JAMES 135 FOXGLEN DRIVE NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTER, DONALD WILLIAM 1101 FOXFIRE LANE NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KENNEY, VERNE 5464 FOXHOUND DRIVE NAPLES, FL 34104	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, RANDALL 420 FOX HAVEN DRIVE #3207 NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EUGENE, CULBERTSON 440 FOXHAVEN DR 302 NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAUL, PTER 224 FOXTAIL COURT NAPLES, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1401 FOXFIRE LANE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Patricia Gibeley 656 Kings Way Naples, FL 34104				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jack Walsh 1231 Foxtrot Court Naples, FL 34104				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: <u><i>James Kluseendorf</i></u> JAMES R KLUSENDORF PRES 2/25/05 239-643-3139 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50020343



02222005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2427765

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**