

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01142

FILED
Feb 25, 2009
Secretary of State

Entity Name: FOXFIRE COMMUNITY ASSOCIATION OF COLLIER COUNTY, INC.

Current Principal Place of Business:

1030 KINGS WAY
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

1030 KINGS WAY
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-2427765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEIDEL, BRIAN H
1030 KINGS WAY
NAPLES, FL 34104 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: T () Delete
Name: ADAMS, KENT
Address: 5379 FOXHOUND DRIVE
City-St-Zip: NAPLES, FL 34104

Title: S () Delete
Name: BUSH, CHRISTINE
Address: 5303 FOX HOLLOW DRIVE
City-St-Zip: NAPLES, FL 34104

Title: P () Delete
Name: EKBERG, KENNETH
Address: 754 KINGS WAY
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: WILEY, ALTON W
Address: 1452 FOXFIRE LANE
City-St-Zip: NAPLES, FL 34104

Title: VP () Delete
Name: HOLLENBECK, LEE
Address: 5425 FOXHOUND DR
City-St-Zip: NAPLES, FL 34104

Title: D3 () Delete
Name: JACKSON, J.O.
Address: 1417 FOXFIRE LANE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BUSH, CHRISTINE
Address: 5303 FOX HOLLOW DRIVE
City-St-Zip: NAPLES, FL 34104

Title: S (X) Change () Addition
Name: STOTLER, JOHN
Address: 203 KINGS WAY
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HOLLENBECK, LEE
Address: 5425 FOXHOUND DR
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CHRISTINE BUSH

VP

02/25/2009

Electronic Signature of Signing Officer or Director

Date