



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90008 019 *****61.25

DOCUMENT # N01627 1. Entity Name FOXMOOR CONDOMINIUM, INC.					
Principal Place of Business C/O WATSON REALTY CORP 4516 NW 23RD AVE GAINESVILLE, FL 32606 US			Mailing Address 4516 NW 23RD AVE GAINESVILLE, FL 32606 US		
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 59-2401573	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POLLARD, FRANCES C C/O WATSON REALTY CORP 4516 NW 23RD AVE GAINESVILLE, FL 32606			Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENDICK, JAN		NAME		
STREET ADDRESS	2209 NW 7TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HILDRETH, BRIAN		NAME	KURRLE, RYAN	
STREET ADDRESS	3600 SW 19 AVE #49		STREET ADDRESS	3600 SW 19th AVE #1	
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	POLLARD, FRANCES C		NAME	JANOSKI, LYNN	
STREET ADDRESS	7054A NW 52ND TERRACE		STREET ADDRESS	3600 SW 19th AVE. #50	
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	<input type="checkbox"/> Delete		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	HILDRETH, CHRIS	
STREET ADDRESS			STREET ADDRESS	3600 SW 19th AVE #49	
CITY-ST-ZIP			CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	NICHOLAS, NIKKI	
STREET ADDRESS			STREET ADDRESS	2523 NW 31st TERRACE	
CITY-ST-ZIP			CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date 5-1-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # (352) 377-8899		