2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01728

FILED Apr 15, 2009 Secretary of State

Entity Name: FOXMOOR OF FOXFIRE CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O SANDCASTLE COMMUNITY MGMT C/O RESORT MANAGEMENT 1719 TRADE CENTER WAY #4 2685 HORSESHOE DR, S #215 NAPLES, FL 34109 NAPLES, FL 34104

New Mailing Address: **Current Mailing Address:**

C/O RESORT MANAGEMENT PO BOX 8478 NAPLES, FL 341018478 US 2685 HORSESHOE DR, S #215 NAPLES, FL 34104

FEI Number: 59-2452629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

AZAR, DI LORES BECKER & POLIAOFF, P.A. C/O SANDCASTLE COMMUNITY MANAGEMENT, INC. 999 VANDERBILT BEACH ROAD 1719 TRADE CENTER WAY, STE 4 SUITE 5001

NAPLES, FL 34109 US NAPLES, FL 34108 US

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: JOSEPH E. ADAMS 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KERN, FREDERICK KERN, FREDERICK Name: Name:

1025 FOXFIRE LANE #302 Address: 1025 FOXFIRE LANE #302 Address: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34104 City-St-Zip:

Title: Title: (X) Change () Addition () Delete

LANGOSCH, RAYMOND Name: HERBERT, GLEN Name: Address: 1025 FOXFIRE LANE, #205 Address: 615 WEST BLUFF DRIVE City-St-Zip: NAPLES, FL City-St-Zip: KEUKA PARK, NY 14478

Title: () Delete Title: () Change () Addition

SMITH, CORINE Name: Name: 1025 FOXFIRE LANE #110 Address: Address:

City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition

GALLAHUE, ALICE Name: Name: 1025 FOXFIRE LN 206 Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SARINGER, EILEEN D'AVOLIO, GERALD Name: Name: 1025 FOXFIRE LANE #309 53 COMMONWEALTH AVE Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: SALISBURY, MA 09152

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: ALICE GALLAHUE Ρ 04/15/2009