

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01728

FILED
Apr 14, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2452629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAHUE, ALICE
1025 FOXFIRE LANE #206
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

LAW OFFICE OF JAMIE GREUSEL
1104 N. COLLIER BLVD
MARCO ISLAND, FL 34145 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: JAMIE GREUSEL

04/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: KERN, FREDERICK
Address: 1025 FOXFIRE LANE #302
City-St-Zip: NAPLES, FL 34104

Title: T
Name: HERBERT, GLEN
Address: 615 WEST BLUFF DRIVE
City-St-Zip: KEUKA PARK, NY 14478

Title: D
Name: FERGUSON, WILLIAM
Address: 1025 FOXFIRE LANE #207
City-St-Zip: NAPLES, FL 34104

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

Title: S
Name: PANCOAST, ANDREA
Address: 3 EDWARD TERR.
City-St-Zip: OCEAN VIEW, NJ 08230

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: ALICE GALLAHUE

P

04/14/2011

Electronic Signature of Signing Officer or Director

Date