

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01729

FILED
Jan 06, 2006
Secretary of State

Entity Name: FOX HOLLOW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-2589583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER RD, #4
NAPLES, FL 34109 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: PD () Delete
Name: LINDSTROM, JACK
Address: 5477 FOX HOLLOW DRIVE
City-St-Zip: NAPLES, FL 34104

Title: VD () Delete
Name: D'AMICO, GEORGE
Address: 5278 FOX HOLLOW DRIVE
City-St-Zip: NAPLES, FL 34104

Title: SD () Delete
Name: SLOCUM, DON
Address: 5250 FOX HOLLOW DRIVE #514
City-St-Zip: NAPLES, FL 34104

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

Title: D () Delete
Name: DENAPOLI, STEVE
Address: 5423 FOX HOLLOW DRIVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: SOYKA, STEVE
Address: 5475 FOX HOLLOW DRIVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: WARNER, RUSS
Address: 5250 FOX HOLLOW DRIVE #5504
City-St-Zip: NAPLES, FL 34104

Title: D (X) Change () Addition
Name: FLATE, GEORGE
Address: 5250 FOX HOLLOW DRIVE #5512
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Change () Addition
Name: DENAPOLI, STEVE
Address: 5423 FOX HOLLOW DRIVE
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 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: JACK LINDSTROM

PD

01/06/2006

Electronic Signature of Signing Officer or Director

Date