2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000000560

1. Entity Name
FOXWOOD COMMERCE PARK PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
43309 U.S. 19 NORTH TARPON SPRINGS, FL 34689	PO BOX 1608 TARPON SPRINGS, FL 34688-1608

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01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
01-0589378

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, LEW
43309 U.S. 19 NORTH
TARPON SPRINGS, FL 34689

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000832327
02/27/08-80055-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FRIEDLAND, LEW
STREET ADDRESS	P.O. BOX 1608
CITY-ST-ZIP	TARPON SPRINGS, FL 346881608
TITLE	VPD
NAME	ALDRIDGE, DANIEL E
STREET ADDRESS	P.O. BOX 1608
CITY-ST-ZIP	TARPON SPRINGS, FL 346881608
TITLE	STD
NAME	FORD, DAVID
STREET ADDRESS	P.O. BOX 1608
CITY-ST-ZIP	TARPON SPRINGS, FL 346881608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ LEW FRIEDLAND 4/9/08 727 942 2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #