

**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.	
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Principal Place of Business 43309 U.S. 19 NORTH TARPON SPRINGS, FL 34689	Mailing Address PO BOX 1608 TARPON SPRINGS, FL 34688-1608
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DO NOT WRITE IN THIS SPACE



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	DO NOT WRITE IN THIS SPACE
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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.

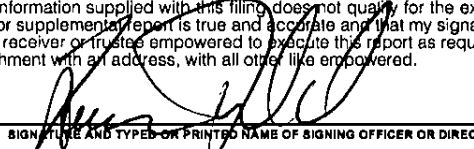
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000832327 02/27/08-80055-002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDLAND, LEW P.O. BOX 1608 TARPON SPRINGS, FL 346881608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALDRIDGE, DANIEL E P.O. BOX 1608 TARPON SPRINGS, FL 346881608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FORD, DAVID P.O. BOX 1608 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	

**DO NOT WRITE
IN THIS SPACE**

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 #