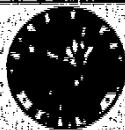


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northen
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02478 (8)

1. Corporation Name

FOXMOOR OF FOXFIRE CONDOMINIUM IV ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

1100 5TH AVE. S.
SUITE 201
NAPLES FL 33940
US

1100 5TH AVE. S.
SUITE 201
NAPLES FL 33940
US

APPROVED
AND
FILED

05 APR 19 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2460175

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT HALL & ASSOCIATES INC.
1100 5TH AVE. S., SUITE 201
NAPLES FL 3394

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

ENGLISH, ARTHUR

STREET ADDRESS

1075 FOXFIRE LANE #308

CITY - ST - ZIP

NAPLES FL

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

VPD

NAME

MAHER, MARGARET

STREET ADDRESS

1075 FOXFIRE LANE #106

CITY - ST - ZIP

NAPLES FL

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

PD

NAME

MAHER, MARGARET

STREET ADDRESS

1075 FOXFIRE LN #106

CITY - ST - ZIP

NAPLES FL

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

STD

NAME

LECLAIR, PAUL

STREET ADDRESS

1075 FOXFIRE LANE, #308

CITY - ST - ZIP

NAPLES FL

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

D

NAME

KUCHMA, RICHARD

STREET ADDRESS

1075 FOXFIRE LN #310

CITY - ST - ZIP

NAPLES FL

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #