

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90146 027 ****61.25

DOCUMENT # N02478

1. Corporation Name

**FOXMOOR OF FOXFIRE CONDOMINIUM IV ASSOCIATION, I
NC.**

Principal Place of Business

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

Mailing Address

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

431246 - 90146 - 27



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/11/1984

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD
NAME ENGLISH, ARTHUR
STREET ADDRESS 1075 FOXFIRE LANE #306
CITY-STATE-ZIP NAPLES FL ☐ DELETE

TITLE VPD
NAME COSGROVE, WILLIAM
STREET ADDRESS 1075 FOXFIRE LANE, #309
CITY-STATE-ZIP NAPLES FL ☐ DELETE

TITLE SD
NAME DOUGLAS, DOROTHY
STREET ADDRESS 1075 FOXFIRE LN #107
CITY-STATE-ZIP NAPLES FL 34101 ☐ DELETE

TITLE D
NAME KLUSENDORF, JAMES
STREET ADDRESS 1075 FOXFIRE LN #303
CITY-STATE-ZIP NAPLES FL 34101 ☐ DELETE

TITLE D
NAME MAHER, MARGARET
STREET ADDRESS 1075 FOXFIRE LANE, #106
CITY-STATE-ZIP NAPLES FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE **VPD** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ARTHUR ENGLISH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

Daytime Phone #

CR2E037 (11/98)

0063284