

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02478

1. Entity 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

2. Principal Place of Business

5730 12ave SW  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 7335  
Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Naples FL

4. FEI Number

59-2460175

Applied For

Not Applicable

Zip

34116

Country

Collier

Zip

34101

Country

Collier

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

ALAN MARK KENSKY

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

5730 12ave SW

City

Naples

FL

Zip Code

34116

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

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

☐ Delete

TITLE D  
NAME COSGROVE, BELLE  
STREET ADDRESS 1075 FOXFIRE LANE #309  
CITY-ST-ZIP NAPLES FL 34104

☐ Delete

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

☐ Delete

TITLE VPD  
NAME CONNOR, AL  
STREET ADDRESS 1075 FOXFIRE LN #302  
CITY-ST-ZIP NAPLES FL 34104

☐ Delete

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/02

941-3530097

CR2E037 (9/01)

FILED  
Mar 13, 2002 8:00 am  
Secretary of State

03-13-2002 90029 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE