

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90307 041 \*\*\*\*61.25

**DOCUMENT # N02478**



1. Entity Name  
**FOXMOOR OF FOXFIRE CONDOMINIUM IV  
ASSOCIATION, INC.**

Principal Place of Business  
**1075 FOXFIRE LN  
NAPLES, FL 34104 US**

Mailing Address  
**PO BOX 8478  
NAPLES, FL 34101 US**

**94055910**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-NP

CR2E037 (10/03)

4. FEI Number  
**59-2460175**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE ARMAS, EDUARDO  
SAND CASTLE COMMUNITY MGMT. INC  
400 5H AVE. S. #200  
NAPLES, FL 34102**

Name

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

**1719 Trade Center Way #4**

**Naples**

**FL**

**34109**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **VPD** ☒ Delete  
NAME: **ENGLISH, ARTHUR**  
STREET ADDRESS: **1075 FOXFIRE LANE #306**  
CITY-ST-ZIP: **NAPLES, FL**

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

TITLE: **STD** ☐ Delete  
NAME: **DOUGLAS, DOROTHY**  
STREET ADDRESS: **1075 FOXFIRE LN #107**  
CITY-ST-ZIP: **NAPLES, FL 34101**

TITLE: **PD** ☐ Delete  
NAME: **WEHRLIN, FLOYD**  
STREET ADDRESS: **1075 FOXFIRE LANE #203**  
CITY-ST-ZIP: **NAPLES, FL 34104**

TITLE: **D** ☐ Delete  
NAME: **BENNETT, LOUIS**  
STREET ADDRESS: **1076 FOXFIRE LANE #204**  
CITY-ST-ZIP: **NAPLES, FL 34104**

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** ☐ Change ☒ Addition  
NAME: **John Hagg**  
STREET ADDRESS: **1075 Foxfire Lane #102**  
CITY-ST-ZIP: **Naples, FL 34104**

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **VPD** ☒ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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)(l), 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:**

*Floyd G. Wehrle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-04**