


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90334 004 \*\*\*\*61.25

|   |                        |   |   |   |  |
|---|------------------------|---|---|---|--|
| <b>DOCUMENT # N02478</b><br>1. Entity Name<br><b>FOXMOOR OF FOXFIRE CONDOMINIUM IV ASSOCIATION, INC.</b>  |                        |   |   |  |  |
| Principal Place of Business<br><b>1075 FOXFIRE LN<br/>NAPLES, FL 34104 US</b>   |                        |   | Mailing Address<br><b>PO BOX 8478<br/>NAPLES, FL 34101 US</b> |   |  |
| 2. Principal Place of Business  |                        | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |                        | Suite, Apt. #, etc.   |   |   |  |
| City & State  |                        | City & State  |   |   |  |
| Zip   | Country                | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |                        |   |   | 7. Name and Address of New Registered Agent                                       |  |
| DE ARMAS, EDUARDO<br>1719 TRADE CENTER WAY \$4<br>NAPLES, FL 34109  |                        |   |   | Name  |  |
|   |                        |   |   | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|   |                        |   |   | City  |  |
|   |                        |   |   | FL Zip Code   |  |
| 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 _____   |                        |   |   |   |  |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                        |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                      |  |
|   |                        | <b>Make check payable to</b><br><b>Florida Department of State</b>                  |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                        |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10         |   |  |
| TITLE   | D                      | <input checked="" type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | HOGG, JOHN             |   | NAME  | Peter Glatte  |  |
| STREET ADDRESS  | 1075 FOXFIRE LANE #102 |   | STREET ADDRESS  | 1075 Foxfire Lane # 304   |  |
| CITY-ST-ZIP   | NAPLES, FL 34104       |   | CITY-ST-ZIP   | Naples, FL 34104  |  |
| TITLE   | D                      | <input checked="" type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | COSGROVE, BELLE        |   | NAME  | LARRY STEWARD   |  |
| STREET ADDRESS  | 1075 FOXFIRE LANE #309 |   | STREET ADDRESS  | 1075 FOXFIRE LN #105  |  |
| CITY-ST-ZIP   | NAPLES, FL 34104       |   | CITY-ST-ZIP   | NAPLES, FL 34104  |  |
| TITLE   | STD                    | <input type="checkbox"/> Delete   | TITLE   |   |  |
| NAME  | DOUGLAS, DOROTHY       |   | NAME  |   |  |
| STREET ADDRESS  | 1075 FOXFIRE LN #107   |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | NAPLES, FL 34101       |   | CITY-ST-ZIP   |   |  |
| TITLE   | PD                     | <input type="checkbox"/> Delete   | TITLE   |   |  |
| NAME  | WEHRLIN, FLOYD         |   | NAME  |   |  |
| STREET ADDRESS  | 1075 FOXFIRE LANE #203 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | NAPLES, FL 34104       |   | CITY-ST-ZIP   |   |  |
| TITLE   | VPD                    | <input type="checkbox"/> Delete   | TITLE   |   |  |
| NAME  | BENNETT, LOUIS         |   | NAME  |   |  |
| STREET ADDRESS  | 1076 FOXFIRE LANE #204 |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | NAPLES, FL 34104       |   | CITY-ST-ZIP   |   |  |
| TITLE   |                        |   | TITLE   |   |  |
| NAME  |                        |   | NAME  |   |  |
| STREET ADDRESS  |                        |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                        |   | CITY-ST-ZIP   |   |  |
| 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: <i>FLOYD G. WEHRLIN</i><br><i>Floyd G. Wehrlin</i>   |                        |   | 4-14-05 239-403-7827  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                        |   | Date Daytime Phone #  |   |  |

**50038147**



03022005 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  
1719 TRADE CENTER WAY \$4  
NAPLES, FL 34109

Name

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

City

FL

Zip Code

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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D  
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NAPLES, FL 34104 ☒ Delete

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STREET ADDRESS  
CITY-ST-ZIP  
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Peter Glatte  
1075 Foxfire Lane # 304  
Naples, FL 34104 ☐ Change ☒ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
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COSGROVE, BELLE  
1075 FOXFIRE LANE #309  
NAPLES, FL 34104 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LARRY STEWARD  
1075 FOXFIRE LN #105  
NAPLES, FL 34104 ☐ Change ☒ Addition

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CITY-ST-ZIP  
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NAPLES, FL 34101 ☐ Delete

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☐ Change ☐ Addition

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SIGNATURE: *FLOYD G. WEHRLIN*  
*Floyd G. Wehrlin*

4-14-05

239-403-7827

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #