

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90035 028 \*\*\*\*61.25

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01312008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N02478</b> 1. Entity Name <b>FOXMOOR OF FOXFIRE CONDOMINIUM IV ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O SANDCASTLE COMMUNITY MGMT 1719 TRADE CENTER WAY #4 NAPLES, FL 34109 US</b>			Mailing Address <b>PO BOX 8478 NAPLES, FL 34101 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
4. FEI Number <b>59-2460175</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>DE ARMAS, EDUARDO 1719 TRADE CENTER WAY \$4 NAPLES, FL 34109</b>			7. Name and Address of New Registered Agent  Name: <b>Di Lorez Azar</b> Street Address (P.O. Box Number is Not Acceptable): <b>do Sandcastle Community Management, Inc</b> <b>1719 Trade Center way, Ste 4</b> City: <b>Naples</b> State: <b>FL</b> Zip Code: <b>34109</b>		
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.</small>			DATE: <b>03/11/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GLATTLE, PETER</b> <b>1075 FOXFIRE LN #304</b> <b>NAPLES, FL 34104</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>DOUGLAS, DOROTHY</b> <b>1075 FOXFIRE LN #107</b> <b>NAPLES, FL 34101</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WEHRLIN, FLOYD</b> <b>1075 FOXFIRE LANE #203</b> <b>NAPLES, FL 34104</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BENNETT, LOUIS</b> <b>1076 FOXFIRE LANE #204</b> <b>NAPLES, FL 34104</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2D</b> <b>VAUGHN, JOHN</b> <b>1075 FOXFIRE LANE #305</b> <b>NAPLES, FL 34116</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <b>FLOYD WEHRLIN</b>		
DATE: <b>3/25/08</b>			DAYTIME PHONE #: <b>239-403-7827</b>		